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THERAPEUTICS

OF

DIPHTHERITIS.

A COMPILATION AND CRITICAL REVIEW

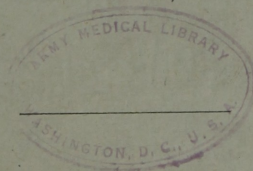
OF THE

GERMAN AND AMERICAN HOMŒOPATHIC LITERATURE.

BY

F. GUST. OEHME, M.D.,

STATEN ISLAND, N. Y.



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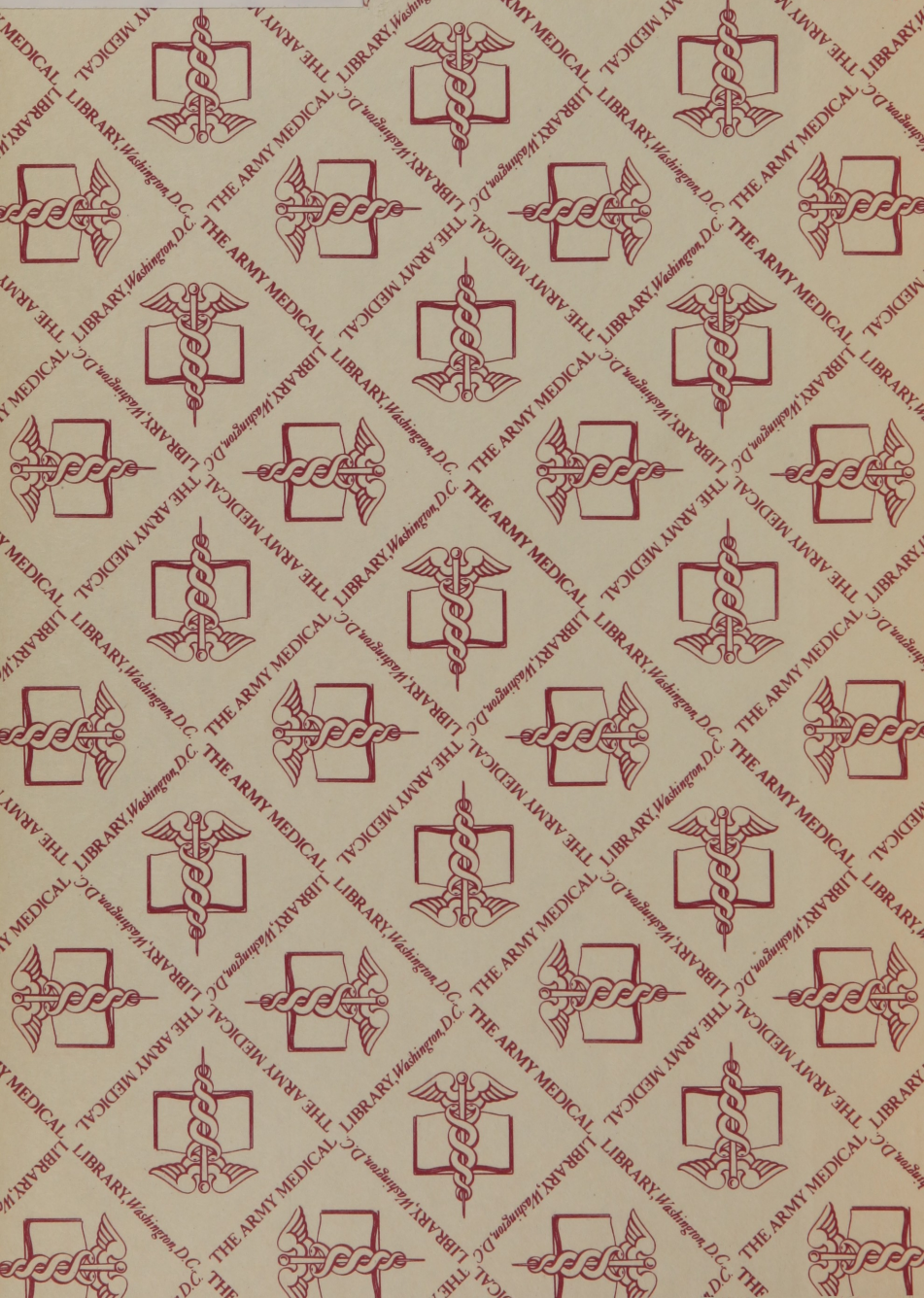
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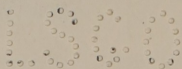
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Annex

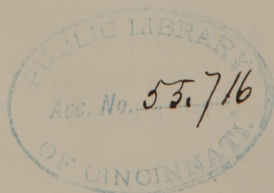
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THERAPEUTICS OF DIPHTHERITIS.

THE following pages contain a compilation* and critical review of the therapeutics of diphtheritis, collected from the German and American homœopathic literature, and translations. We have arranged the material in a similar way as in Rueckert's *Klinischen Erfahrungen* (clinical experiences), and have mentioned all clinical cases and general remarks regarding a remedy which seemed of interest, but omitted all cures with medicines in alternation, or by the use of one drug internally and another externally (locally). Although such a mixed treatment may be justified in many cases, yet, as there can be nothing learned from them, it seemed useless to mention such.

Before enumerating the different remedies, which have been used or recommended, we wish to bring first a few general remarks on diphtheritis.

1. The genuine diphtheritis belongs to that class of epidemic and contagious diseases in which specific vegetable germs invade the human body and cause pathological changes (inflammation and gangrene) in the primary affected membranes, and also cause a general infection and considerable disturbance in remoter organs and tissues, by entering into the circulation of the blood (*Internat. Hom. Presse*, 6, 577; Balogh).

2. Nature of diphtheritis and its difference from croup.

a. Diphtheria prevails during winds with a damp atmosphere; in this section of the country, sea winds.

Diphtheria has a stadium prodromorum, with angina, and general collapse and asthenia.

Diphtheria commences in the fauces, and may extend to portions of the adjacent mucous membrane.

Croup, on the contrary, during dry winds; in this section, northwest and west winds.

Croup commences suddenly, with signs of turgor and synocha.

Croup localizes itself in the respiratory membrane.

* Up to the 1st of April, 1876.

The diphtheritic exudate grows out of the submucous tissue, piercing the mucous membrane, which bleeds if the exudate be removed; the exudate, after passing through a stage of low organization, dissolves, finally, in gangrenous mortification.

The fœtor oris in diphtheria is strong and specific.

In diphtheria neuroparalysis is the result of an intoxication of the blood, which attacks the central life of the nerves. The amount of the exudate does not seem to have any influence upon its development, as there are cases on record in which this exudation was very trifling and even wanting, and yet parietic symptoms, even death, in consequence of paralysis of the heart, have been observed to take place.

The product of croup is exuded upon the mucous membrane, which, if the exudate be removed, appears injected or œdematous; it is amorphous, and gradually dissolves in pus.

It is in croup, for a dull smell, in different, and only to a finer smell appears empyreumatical.

In croup neuroparalysis is the result of an exhaustion of local innervation, in consequence of excessive secretion of the diseased mucous membrane.

Ztschr. f. hom. Klin., 18, 57, 1869; Villers. *Raue's Record*, 1, 147.

b. In diphtheritis the submucous tissue is affected, besides the mucous membrane.

In diphtheritis the surface looks gangrenous and ulcerated after the removal of the exudate.

Diphtheritis is a destructive, gangrenous disease.

Diphtheritis is mostly epidemic.

Diphtheritis attacks adults as well as children.

Diphtheritis is favored by uncleanness, squalor, crowded dwellings, in short, by everything which promotes the origin or growth of fungi or spores.

Diphtheritis is the local expression of a general disease, of an intoxication of the blood, caused by miasmatic influences, and may produce death as well by local as by general causes.

Diphtheritis is contagious.

In croup only the mucous membrane.

In croup, on the contrary, the mucous membrane remains smooth and whole.

Croup is a plastic disease.

Croup is mostly sporadic.

Croup mostly children.

Croup is occasioned more by climatic influences.

Croup is a local disease, which may kill by paralysis of the nerves of the larynx or by asphyxia.

Croup is not.

Ztschr. f. hom. Klin., 18, 153; Hirschel.

3. Often the *local* affection is not in proportion, at least apparently, to the *general* disease; now the former, now the latter, is much more violent than one would expect. Seemingly very slight cases prove fatal, or are succeeded by severe or long-lasting after-diseases.

4. When the diphtheritic process reaches the larynx, the cough

will assume the croup tone, hence the name "diphtheritic croup;" but as a wrong name may lead to a wrong understanding of the disease, and, possibly, to a wrong treatment, it is best to abandon the name "croup" entirely, and call the disease "laryngitis diphtheritica." Croup and diphtheritis are so entirely different in their nature, that they cannot exist together in one patient. Croup could never come to diphtheritis, as a plastic disease cannot attack an asthenic patient; but diphtheritis may, possibly, come to croup, but if so, the diphtheritic fungi would find such favorable conditions for their growth, that very few hours would suffice to have croup entirely changed into diphtheritis.

5. We may suspect diphtheritis, although we see no exudate, when a patient, with sore throat, feels very sick generally and unusually weak. The fever may be very slight, even in dangerous cases. Fœtor oris is not always present.

6. Our main object should always be to treat with *internal, specific* remedies the *general* disease, the intoxication of the blood, of which the exudation in the throat is merely the *local* expression and consequence, not its cause; the external treatment should be of secondary consideration (*Allg. h. Ztg.*, 89, 46; Lorbacher).

7. In our opinion the genetic difference of cases and the complications, caused by different constitutions, are too little, frequently not at all, taken into account in selecting the remedy (*Allg. h. Ztg.*, 91, 125; Goullon). Many do not even attempt to individualize, although this is strictly required in homœopathy.

8. Local cauterization, with Argent. nitr. and other like substances, is, happily, condemned even by many *allopathic* physicians as useless and even dangerous; likewise the forcible removal of the exudate has been abandoned as a torturous and injurious process. On the other hand, nobody should neglect a gentle cleansing of the affected parts, or the local application of the internal remedy, provided it is used in such a diluted form that only its dynamical, not its chemical, action is called in requisition.

9. Diphtheritic patients should be made to take a sufficient amount of nourishing, easily digested food; often, also, alcoholic drinks, to prevent exhaustion and paralysis.

10. When, in a case, several remedies have been given successively and unsuccessfully before the right one, we have always

mentioned them in order to give the treatment as complete as possible, and to show that drugs, considered infallible, proved ineffectual.

11. *There is not one single remedy which has been highly praised, but what some one has found utterly useless.* We must mention this, because *we have left out entirely all negative results*; therefore the reader will please keep this in mind when reading any of the following excerpts. For example, we will note only the following. Payr, in Wuerzburg, Bavaria, writes: "Merc. hydrocyan., Brom., Sulph. acid., Nitr. acid., Muriat. acid., Iod., and Kal. bichrom. were of avail not until the epidemic had begun to decrease, eight patients dying out of ten (*Allg. h. Ztg.*, 80, 73). The same may be said even of the inhalations of Carbol. acidum (*Allg. h. Ztg.*, 91, 124)."

THE FOLLOWING ARE THE REMEDIES USED AND RECOMMENDED IN DIPHTHERITIS, FOLLOWED BY A *General Résumé*:

I. ALCOHOL.

12. Grauvogl recommends the external use of brandy, or equal parts of alcohol and water, in order to destroy the fungi. If the gargling is too painful the patient may take a mouthful hourly, afterwards less frequently, and hold the head backward for a few minutes. Should the œsophagus be affected small quantities may be slowly swallowed. The alcohol should be kept in the mouth till it causes smarting. The most extensive fungous growth is often diminished one-half in a few hours. This treatment should be continued until the last vestige of the fungi has disappeared. In very severe cases, however, this mode of application is insufficient, especially when hoarseness is present; then inhalations of alcohol must be used, diluted with water or not, according to circumstances. They should be prolonged each time till smarting is produced—a sign of their effect. After every inhalation the pain in the larynx, the hoarseness, and the dyspnœa are diminished. The same treatment is required when the fungous growth has spread into the choanæ or nose. With children the alcohol may be applied by means of a small water-color brush. Gargling with diluted alcohol is the best prophylacticum (*Allg. h. Ztg.*, 74, 202; Raue's *Therap.*, 122).

13. We order at once to touch up hourly most spots in the throat with alcohol by means of a small brush. If the patient is able we let him gargle with a liquid, composed of one large spoonful of water and 5 drops of alcohol. Internally we give Merc. sol., 3 (1 : 99), 0.05 in 3 ounces of water ; one spoonful every two hours. As prophylacticum I order after every meal a little brandy or claret. Pursuing this treatment I have not lost a case, whilst the allopathic physicians lost a great many (*Allg. h. Ztg.*, 77, 1 ; Zwingenberg).

14. We use in connection with the medicine hourly gargling with diluted alcohol ; it shortens the disease materially (*Allg. h. Ztg.*, 78, 81 ; Sybel. See No. 24).

15. It has proven an excellent adjuvant to gargle with diluted alcohol ; with small children to touch up the diphtheritic spots with it, and where the larynx was affected to use inhalations. This is easily accomplished by a cup of diluted alcohol heated to boiling, over which the child is held for ten minutes every two hours. Light cases of diphtheritis in grown people are cured quickly without medicine by merely gargling with diluted alcohol (*Allg. h. Ztg.*, 79, 15 ; Heinrich).

16. Two cases of severe diphtheritis had a very satisfactory course under the internal use of Mercury and the external application of alcohol by means of a brush. As, however, the benefit from the former seemed very doubtful the next light case was treated only with gargling with diluted alcohol ; it run equally as favorably. Three other cases which came afterwards under treatment recovered under the exclusive use of gargling (*Ztschr. f. h. Klinik*, 18, 53 ; K.).

17. Bolle has seen the same happy results from the external use of alcohol (*Popul. h. Ztg.*, 1868, No. 12).

18. Delicate girl, ten years old, subject to throat affections, and always quickly prostrated ; diphtheritis. Acon., Bry., Kal. bichr. unsuccessful. On the fourth day, patient rapidly growing worse, pulse 140 ; weak ; prostration extreme ; somnolence ; and occasional starting up and trying to leave the bed ; the membrane has invaded every visible part of the throat ; the case looks very unfavorable. Arsen. 2, and gargling with diluted brandy (15 drops to a tablespoonful of water), both every hour. In five and

a half hours decided improvement. The patient was delighted with the gargle, as it gave her great relief every time she used it. She had begun to expectorate bloody mucus and shreds of lymph in considerable quantities. Four days later the patient was well (*N. E. Med. Gaz.*, 4, 69; Hoffendahl).

19. Boy of six years. After several days of sickness with fever the patient appeared very sick and prostrated. One mass of membrane extended over both tonsils, the uvula, and visible part of the pharynx. Ars. 2, and gargling with diluted brandy, every hour. After a few hours the membrane began to loosen. Recovery four days later (*Ibidem*, page 73).

20. We have applied the same treatment in a case of scarlatina, accompanied by severe sore throat, with gray-colored, ashy deposits covering both tonsils. The sore throat begun on the second day of the eruption, and there was considerable glandular swelling and great prostration; and as the patient, a boy of eight years, was of a highly scrofulous diathesis, the symptoms were altogether alarming. Weak brandy and water were used as the gargle, and proved very grateful to him. The relief was immediate, and his improvement rapid. The swelling of the glands diminished, and in two days the deposit was entirely removed from the tonsils. This method is well worthy of trial (*Ibidem*, page 74; I. T. Talbot).

Résumé.

In the above we have the testimony of nine physicians (see No. 23) in favor of the external use of diluted alcohol or brandy. We ourselves have used alcohol with the same good result, also whisky or rum, whichever happened to be at hand; we dilute so that the mixture still causes a bearable smarting. Mild cases are materially shortened by the use of diluted alcohol alone without any medicine (see No. 15).

Alcohol has this advantage over all other substances, recommended externally against diphtheritis, that, being non-medicinal, it allows the use of any homœopathic remedy, high or low, and is still one of the most powerful destroyers of any fungous growth. Besides, *where it is desirable, the internal remedy can be dissolved in it for external use.* It can be used as a gargle or in the form of spray

by means of a toilet spray-producer, or as steam, or applied with a brush.

II. ALUMEN.

21. A weak solution of Alum. is recommended externally by Houard (*Hahnem. Monthly*, 10, 359).

III. AMMON. CARB.

22. Obstruction of the nose; the moment he falls asleep, he is aroused by want of breath (Raue's *Therap.*, 120).

IV. APIS MELLIFICA.

23. During a malignant, very infectious, epidemic Ap. 3 was sufficient in most cases; in severe ones, however, Ars. and Chin. ars. was necessary; moreover inhalations of diluted alcohol, as recommended by Grauvogl, were used in all cases with good results. Under this treatment only six children under three years died out of forty patients, and with these the disease had spread to the larynx. The disease had its crisis generally on the fifth day; severe cases, however, not until the fourteenth day. Apis, in connection with gargling or inhalations, operated as a prophylacticum (*Allg. h. Ztg.*, 78, 103; Neuschaefer).

24. With Apis 4-6, better results were obtained than with Arsen. and Brom., as long as the diphtheritis was not of a septic nature, nor had extended to the larynx (*Allg. h. Ztg.*, 78, 75; Sybel). Since we use externally diluted alcohol every hour the disease is materially shortened (*Ibidem*, page 81).

25. Apis has proved useful in several light cases, when the diphtheritic exudation was preceded by violent fever, headache, especially pain in the back of the head and neck, and a cutting pain in the abdomen. A sign of its favorable operation is a light perspiration after twenty-four hours' administration (*Allg. h. Ztg.*, 89, 44; Lorbacher).

26. Great debility from the beginning; the membrane assumes at once a dirty, grayish color; there is puffiness around the eyes; pain in the ears when swallowing; an itchy, stinging eruption on the skin; a sensation of weakness in the larynx; numbness of the feet and hands, and even paralysis. (Never does good either before or after Rhus tox.) (Raue's *Therap.*, 119.)

27. Great debility characterizes the case even from the onset; absence of thirst; scantiness of urine; the membrane has a dirty-gray color; the pulse is very quick, at least 140; puffiness about the eyes; an eruption appears upon the skin, which itches and stings (Guernsey's *Obstetrics*, 945).

28. Boy of fifteen years. The whole of the fauces covered with diphtheritic exudate, and already one-half of the uvula destroyed. Ap. 3 every two hours; painting with a solution of 1 part alcohol and 2 parts water three times a day. Recovery in four days (*Allg. h. Ztg.*, 78, 103; Neuschaefer).

29. Boy of ten years. Both tonsils almost entirely covered with exudate. Apis every two hours, and diluted alcohol externally every hour. The superficial exudate removed in twenty-four hours; the more imbedded in three days. Two other cases in the same family recovered equally as quick (*Allg. h. Ztg.*, 78, 81; Sybel).

30. A girl of four years suffered several days since from sore throat, fever, and general indisposition at a time, when several malignant and fatal cases of diphtheritis happened. During the following two days the whole fauces were filled up with diphtheritic exudate, some membranes also showed themselves in the mouth, and especially on the lips and corners of the mouth; easily bleeding of the affected parts; violent fœtor oris; a yellowish, very offensive-smelling secretion from both nostrils; considerable swelling of the submaxillar and lymphatic glands of the neck; the general condition becoming worse and worse; not much complaint in swallowing. Ap. 3, every two hours, 3 drops; injections with diluted claret; externally warm poultices. Recovery in about fourteen days (*Allg. h. Ztg.*, 79, 19; Polle).

31. Boy of nine years. Diphtheritis after the eruption of scarlatina; slight bleeding of the affected parts; offensive smell from mouth and nose; yellowish and offensive-smelling secretion from the nose; glands of the neck much swollen; swallowing comparatively little painful; general condition of the patient very serious; violent fever; very great thirst; constant delirium. Ap. 3, every two hours, 3 drops; externally warm poultices; painting of the exudate with diluted alcohol (1:4), and injections of it in the nose. Two days later the favorable effect of the treatment

apparent, and five days later the removal of the exudate; after which the affected parts showed deep cavities (*Ibidem*).

32. Three mild cases of diphtheritis were cured in five days under the same treatment (*Ibidem*).

Résumé.

Apis has been used or recommended: 1, in lighter cases, especially when preceded by much fever, headache, pain in back of head and neck (23, 25, 32); 2, in severe cases, as long as they are not of a decidedly septic character (24, 28, 29, 31); 3, when present great debility from the onset, puffiness about the eyes; itchy eruptions, etc. (26, 27); high fever (25, 27).

In No. 30 the recovery was too slow to be convincing.

Apis may be particularly serviceable, when diphtheritis appears during scarlet fever (31).

Apis should be left off, when the disease spreads to the larynx (24).

There seems to be a greater discrepancy in the quality of the different preparations of Apis than of any other medicine. Physicians have often found one preparation useless, but another very effective, and have drawn attention to this fact.

Indications for the selection of Apis are the following* symptoms: "Violent inflammation of the throat; much dryness, burning, stinging, roughness; sensation of fulness; contraction and suffocation in the throat; difficult swallowing; tonsils very much swollen; throat swollen inward and outward; marked prostration and depression; nervous restlessness; itchy eruptions of the skin; oversensitiveness of the skin to touch; much fever."

Because one physician has found Apis of no benefit in diphtheritis of the larynx, it does not follow, that it will be thus in *all* cases, as we cannot expect *one* drug to be the *only* remedy for this disease. If we take into account the following symptoms: "Voice grew hoarse; breathing and swallowing very difficult; difficulty of swallowing not caused by the swelling of the throat, but by the irritation of the epiglottis; sensation as of a rapid swelling of the lining membrane of the air-passages; rough voice; speaking

* The following quotations are taken from Allen's Encyclopedia of Pure Materia Medica.

painful; hoarse cough; intense sensation of suffocation, could bear nothing about the throat; hurried, difficult respiration; labored inspiration as in croup, etc.;" we see no reason why it should be neglected in such cases.

Although there is no case on record where Apis has cured a paralysis, yet it has the following paralytic symptoms: "Crawling as if going to sleep in both arms; very distinct sensation of numbness in the fingers; *lower limbs feel paralyzed; weakness of sight*, etc." This we mention, because a *true* remedy against diphtheritis should also have a paralytic effect upon the system to correspond to the totality of the disease.

V. ARSEN. ALB.

33. In several, not very severe, cases Mercur. sol. did not stop the inflammation of palate and fauces, and a rather thick grayish-white exudate would not disappear; no feter oris, no swelling of the submaxillary glands, no salivation; the fever threatened to become adynamic. In such cases repeated doses of Ars., 2d trit. (1:9), proved beneficial. Perhaps it might be used successfully also in severe cases, where gangrene of the mucous membrane threatens, and there is salivation, adynamic fever, and prostration (Hirsch. *Ztschr. f. h. Klin.*, 13, 142; Trinks).

34. Arsen. 6 (1:9), four to five drops hourly, is—besides the external use of alcohol—the chief remedy against gangrene of the affected parts; frequently it has to be used from eight to ten days. The use of alcohol alone is not sufficient to prevent the gangrenous destruction; neither is the sole use of Arsen. sufficient to destroy the mould. Both have to be used together (*Allg. h. Ztg.*, 74, 202 (and Raue's *Therap.*, 123); Grauvogl).

35. Arsen. 3d or 4th dil. (1:9), every two or three hours, is specific against diphtheritis; with a stronger solution I paint the throat (internally), after having it swabbed with cold water. Diphtheritis of the larynx is mostly fatal, and requires other remedies (Hirsch. *Ztschr. f. h. Klin.*, 17, 5; Sorge).

36. In the non-malignant diphtheritis Arsen. 3 and frequent swabbing with fresh water have always rendered good service (Kafka's *Therap.*, 1, 433).

37. Great restlessness; constant desire for cold drink, taking

but little at a time; or better by drinking hot water; all symptoms worse about midnight (Raue's *Therap.*, 120).

38. The membrane is dry-looking and wrinkled, and may cover the entire fauces; very fetid breath; great dysphagia; very great prostration; the child wants water often, but in small quantities; great restlessness, particularly after midnight; warm drinks are sometimes desired instead of cold (Guernsey's *Obstetr.*, 945).

39. Bakody used Arsen. 3-6 with such excellent result in the genuine and scarlatinous diphtheritis, that he lost none out of twenty-two cases (*Internat. Homœop. Presse*, 6, 585).

40. Boy of 12 years. Bell., Merc., Apis, ineffectual. Very violent fetor oris; in the throat a thick, dirty-looking exudate, between whose cracks a discolored liquid oozed out; dysphagia; violent thirst; weak, small pulse; sunken face; sticky perspiration; abdomen extended; constipation. Arsen. 8, afterwards in alternation with Nux, removed the danger in four days (*Allg. h. Ztg.*, 64, 108; Fielitz).

41. Two girls of 14 and 29 years. Diphtheritis; all remedies which had been used, ineffectual. On the fourth day the burning pain extended into the stomach. They live and sleep in a moist kitchen. Very painful swallowing; rapid collapse. Arsen. 30 every two hours. The next night sleep, the following day no fever, and the burning pain only trifling. Quick recovery (*Allg. h. Ztg.*, 78, 14; A. R.).

42. A one-year old girl had pneumonia crouposa of the left lower lobe, which terminated in an abscess. A cavern the size of a goose's egg could be proved. There was present very great anæmia, great prostration, and obstinate exhausting diarrhœa. Finally diphtheritis appeared. The entire fauces were covered with a thick web-like exudate; swallowing became impossible on account of paralysis of the muscles of the throat; drink came out through the nose and caused violent coughing. The child could breathe only with the mouth wide open. Its mother succeeded in its taking, during six or eight days, small quantities of milk, while lying on its back *with the mouth wide open and the tongue perfectly still*. The throat was swabbed every hour with fresh water. Ars. 3, two teaspoonfuls every two hours. This child,

though given up by every consulting physician, recovered completely (Kafka's *Therap.*, 1, 433).

Résumé.

Arsen. is recommended and used when the fever becomes adynamic (33, 40), when there is great prostration or collapse (18, 19, 33, 38, 40, 41, 42), great restlessness (37, 38), great thirst, constant desire for small quantities of drink (37, 38, 40), gangrene (33, 34), fetid breath (38, 40), dysphagia (38, 40, 41, 42). Besides these symptoms, the following are mentioned in the cases: Sticky perspiration and abdomen extended (40); burning pain extended into the stomach (41); exhausting diarrhœa and great anæmia (42); somnolence and occasional starting up and trying to leave the bed (18). (The dysphagia seems to be caused more by paralysis than by swelling of the affected parts.)

We wish to draw attention to the following: 1. Almost all the general remarks (33, 34, 35, 36, 37) and the cases (40, 42) belong to the *earlier* literature on diphtheritis (till 1869); there is nothing of any consequence since then regarding this remedy. 2. Trink (33) speaks of its use only in not very severe cases, Kafka (36) in non-malignant, and they use it, even then, quite low. 3. Grauvogl (34) recommends Arsen. *not without* the external use of alcohol, Arsen. alone being insufficient. 4. Sorge (35) considers Arsen., low, specific in diphtheritis, but not without a still lower dilution externally. These physicians seem to depend as much on the fungus-destroying as on the dynamic power of Arsen. Trink does not speak of applying it externally, but he gives it so strong ($\frac{1}{100}$ gr.) that the mere swallowing cannot help having a *local* effect.

It follows from all this: 1. That Arsen. is not the remedy for diphtheritis with a severe inflammation of the throat and its accompanying symptoms. 2. That the dynamical influence of Arsen., even on the gangrene of the throat, is very insufficient, as all physicians lay great stress on the *external* treatment, *i. e.*, on the *direct* destruction of the fungi. 3. That its sphere of action is *only* in a *later* stage of the disease, especially when the abovementioned group of symptoms prevails. It is, therefore, not a principal diphtheritis remedy, and has not been used much,

since the attention has been drawn to such as Mercur. hydroc., Carbol. ac., and Salicyl. acidum.

Arsen. is not the remedy for diphtheritis of the larynx (35).

VI. ARSEN. JODAT.

43. Girl, æt. 5, scrofulous. Sickly from birth; asthmatic; croupy symptoms prominent; hoarse cough; diphtheritic deposit covering mouth from fauces to outer edge of lips, and also covering external auditory canal; short, difficult respiration; pulse weak, slow; great prostration; bad odor from patient. Arsen. jod., 1st trit., cured (*Hahnemannian Monthly*, February, 1874, p. 297; Raue's *Record*, 6, 86; F. Bigelow).

N. B.—This preparation of Arsen. may deserve more attention; the same may be said of *Arsen. hydrobrom.*

VII. ARUM TRIPH.

44. Constitutional symptoms of diphtheria with congested throat; it will often cut short the disease (*Hahnemannian Monthly*, March, 1874, p. 358; Raue's *Record*, 6, 86; W. R. Childs).

VIII. BAPTISIA TINCTORIA.

45. Oppressed breathing unto suffocation, because of pulmonary congestion. Rising in bed does not relieve; the patient must go to the window for fresh air (Raue's *Therap.*, 120).

46. The cases in which Baptisia is indicated seem to be those where there is little pain. Sensation of great fulness, œdematous swelling of the affected parts, especially affection of the posterior opening of the nose, little pain or soreness of the fauces, characterize the most dangerous form of diphtheritis (*Ohio Med. and Surg. Reporter*, 1, 144).

IX. BELLADONNA.

47. Belladonna is in its place only if the diphtheritis commences with high fever and severe inflammation of the tonsils and fauces, but not after the exudate has appeared (*Bæhr's Therap.*, 1, 328).

48. In an institution for orphan girls, diphtheritic sore throat prevailed with and without exudation. The disease distinguished

itself by high fever, headache, debility, bright-red swelling of the fauces, often thin, yellowish exudate. Bellad. 30, cured quickly (*Ztschr. f. h. Klin.*, 14, 155; C. Wesselhoeft).

49. The patient is restless, complains of sore throat; the fauces look highly inflamed; the pupils are enlarged; he feels drowsy, and yet unable to fall asleep; starts suddenly out of sleep (Raue's *Therap.*, 119).

50. Hughes affirms that Belladonna is frequently the specific remedy even in severe cases, and that the treatment can be always commenced with it, but that it should not be continued if there is no decided improvement after twenty-four hours, or if the symptoms return after they have left (*Allg. h. Ztg.*, 84, 152).

51. When the patient finds the disease coming on quickly, is afraid she will choke to death, and knows she will not get well, will not lie down for fear of choking, Belladonna will relieve promptly, but will not complete the cure alone (*Hahnem. Monthly*, Aug. 1872, p. 16, and Raue's *Record*, 3, 119; W. McGeorge).

52. The inflammation of the tonsils and fauces might induce one to select Belladonna in the very beginning of the disease, but it would not have the least influence upon the course of the diphtheritis (*Allg. h. Ztg.*, 89, 44; Lorbacher).

53. The throat has a highly inflamed appearance; is very red and shining; drowsiness; the eyes are very much injected; the face is flushed; there is throbbing of the carotids; the pulse is very rapid; the child complains occasionally of chilliness; great difficulty in swallowing, with pain running up into the ear (Guernsey's *Obstet.*, 946).

Résumé.

Belladonna is in its place only in the beginning of the disease, when there is very severe inflammation, or in very mild cases; but it is inferior in every respect to Apis, which takes here its place. (See *Résumé* to Apis.)

X. BROMIUM.

54. Bromium is recommended by Black against the malignant forms. Great weakness and lassitude after all other symptoms have passed off is a symptom of Bromium, and also a characteristic one of diphtheritis (Bæhr's *Therap.*, 1, 329).

55. The beneficial influence of Brom. 1 (1:9), 12 drops to 6 ounces of water every one or two hours, one tablespoonful, shows itself in this wise, that the salivation becomes less and the exudate decreases. But as there may be cases where the disease may spread to the larynx, although there is not much exudate in the fauces, we use Brom. 1 (1:9), 20 drops to 1 ounce of Glycerin, also externally. In order to keep the larynx free from the disease we blow 1 or 2 grs. of Kal. hydrobrom. 1 in the mouth during an inspiration (Hirsch, *Ztschr. f. h. Klin.*, 11, 189; Mayhoffer).

56. *The nature and character of diphtheritis and croup are so completely and entirely different that the remedies of one disease cannot be those of the other* (see 2, a and b), (*Ztschr. f. h. Klin.*, 18, 57; Villers).

57. Brom. and Chlor. have the power to destroy miasm. With their vapor the air can be purified and epidemics prevented. A few drops of a solution of either will prevent infection from diphtheritis, and we have saved whole families from it by ordering each member to take Brom. water (daily 10–12 drops in sugar water). A whole boarding-school, close to a diphtheritic hospital, was saved by fumigations with Brom. A remedy which destroys the origin of a disease, must be important also in its treatment (*Allg. h. Ztg.*, 79, 8; Ozanan).

58. Brom. water is made by dissolving 1 drop of Brom. in 25–50 gram. of water, and is given in drop-doses every hour, so that $\frac{1}{2}$ –2 gram. of the solution are consumed in twenty-four hours. Or one may use fumigations or inhalations of Brom. Brom. water is poured into boiling water; a funnel of paper or glass is inverted over it, and the whole put before the patient for inhalation. Only four or five cases of croup died out of 150 cases of croup and diphtheritis treated in this way (*Allg. h. Ztg.*, 79, 14; Ozanan).

59. The field for Brom. is the pseudo-membrane, and it operates in most cases favorably, *but has no influence on the gangrenous process* (*Ibid.*, 79, 28; Ozanan).

60. Diphtheritis begins in the larynx and comes upwards, with hoarse and croupy cough, fearful pulse; all the symptoms dangerous (Raue's *Record*, 2, 73).

61. In cases where the membrane forms back, almost over the larynx, I have found it very serviceable in my own case, removing

husky tone of voice in a few hours. Brom. has preference for the *left* side of throat also, and stiffness of neck sometimes accompanies it (*Ibid.*, 4, 85).

62. When the disease commences in the larynx and comes up into the fauces, and in some cases in which it runs down into the larynx and produces a croupy cough, with much rattling of mucus. In either case there is rattling of mucus in the larynx on coughing, and the cough has a croupy sound (Guernsey's *Obstet.*, 946).

63. We have treated successfully 21 cases of diphtheritis with Brom. Of these 4 were light, 2 complicated with scarlatina; in 1 the disease had spread to the larynx, and the rest were mostly malignant. We poured 2-3 drops of the 2d or 3d dil. (1 : 9) in half a glass of water, and gave one tablespoonful every one, two, or three hours. No external treatment. The operation of the medicine was even in neglected cases quick, and the convalescence required only a few days *after* the removal of the exudate. Brom. is indicated in all cases where a croupous inflammation is formed by the exuberant growth of the fungi. It is the only remedy in diphtheritis of the larynx (*Internat. h. Presse*, 6, 591; Balogh).

64. Funkel (allopath) used Brom. only externally in three cases of diphtheritis. After the first application the fetor oris disappeared. On the following day the ulcers were perfectly clear, and healed quickly by the external use of Arg. nitr. (!) (*Ibid.*, 6, 592).

65. Man of 28 years. Violent diphtheritis these two days. The tonsils and the back part of the fauces completely covered with firm, thick exudate; pulse 120; weakness. Cauterizing with Arg. nitr. for three days useless. Lemon-juice externally for one day useless. Faintings; face ashy-gray; cheeks sunken; pulse very soft. Brom., 3 drops to 200 gram. in water; every hour one tablespoonful; improvement already by evening; a quieter night. The next day freer expectoration. Three days later the membrane came off in large pieces and formed again, but thinner and smaller; pulse 110. Recovery from the diphtheritis five days later. The subsequent paralysis removed in four months (*Allg. h. Ztg.*, 59, 14; Ozanan).

66. Stout girl of 5 years. Diphtheritis since yesterday. Both tonsils completely covered by exudate; face red; skin burning hot; pulse 148; 5 drops Brom. water (see 58) to 150 gram. water,

and 30 gram. sugar syrup; hourly one tablespoonful. The next night better; pulse 122. On the fifth day only little exudate. Relapse on account of mistake in diet. Recovery on the ninth day (*Ibid.*, 79, 21; Ozanan).

67. Girl of 13 years. Diphtheritis since yesterday; pulse 140. Right tonsil completely covered with thick exudate. Feeling of suffocation; skin hot; vomiting twice. Brom. water 1 dr. every two hours. The next day worse; then slow improvement. The sixth day cough, with croup-tone and hoarseness; pulse 120. Expectoration of much thick mucus, and of a piece of membrane one centimetre broad and one and a half centimetres long. Still larger pieces thrown out during the next two days. Diphtheritis removed on the twelfth day. Complete recovery several days later (*Ibid.*).

68. Boy of 5 years. Scarlatina, and on the ninth day diphtheritis. On the third day of the diphtheritis Brom. water 20 dr. to 150 gram. sugar water. The next two days no change. On the eighth day removal of the exudate (*Ibid.*).

69. Boy of 3 years; diphtheritis since yesterday; Brom. water; cured in four days. *Ibidem.*

70. Man of 25 years; diphtheritis; Brom. water; the next day worse; faintings and vomiting; pulse small, 60; the exudate more extended; Brom. continued; the following day better. Cured two days later (*Allg. h. Ztg.*, 79, 28; Ozanan).

71. The wife and two children of a diphtheritis patient took Brom. water as a prophylacticum. The children had a slight attack of it, the mother not. *Ibidem.*

72. Man of 65 years; middling severe case of diphtheritis; Brom. water from the beginning of the disease. Cured in seven days (*Allg. h. Ztg.*, 79, 38; Ozanan).

73. Man of 37 years; on the third day very violent diphtheritis; pulse 120; Brom. and Bell.; the two following days the same condition. On the seventh day the right tonsil swollen very much; pain very severe; Brom. continued. On the eleventh day the abscess opened. On the sixteenth day no more exudate visible. In the same house eleven other persons, adults and children, taken with diphtheritis and cured by Brom, but a child of 16 months died of diphtheritis of the larynx. *Ibidem.*

74. Man of 48 years. In spite of Acon., Bellad., Apis, and

Laches., each taken one day, the diphtheritis made rapid progress. A large part of the velum, the whole uvula, and both tonsils, covered with exudate; fœtor oris; hoarseness; rough, dry, cough; dyspnœa; quick, weaker-growing pulse. Brom., 3, 4 dr. to half a glass of water, one spoonful every two hours. Decided improvement by evening, which continued during the following days, but the exudate remained unchanged. 1 dr. undiluted Carbol. acid. to 1 glass of water, for gargling every hour, removed the exudate in about ten hours (*Allg. h. Ztg.*, 85, 4; Hirsch).

Résumé.

Ozanan, the strongest advocate of Brom., does not seem to be clear in his own mind, because, without giving any special indications for this medicine, he considers it the *sole* remedy against diphtheritis, and at the same time says in another place (59): "The field for Brom. is the pseudo-membrane, but it has no influence on the gangrenous process," which means, in other words, "The field for Brom. is croup, but it has no influence on diphtheritis" (see 2 *b*, diphtheritis is a destructive, gangrenous disease). It is, therefore, not strange that his cases are not remarkable recoveries, viz., in the 1st case (65) (the best recovery of all), it required eight days to remove the exudate; in the 2d, the exudate not quite removed in five days; in 3d (67), the next day after Brom., patient worse, then slow improvement, exudate removed not until the twelfth day of treatment; in 4th (68), no change for two days after Brom.; 5th case insufficiently related; in 6th (70), worse the next day after Brom.; in 7th (72), Brom. from the *beginning* of a *medium* case, cured in seven days; in the 8th (73), the next two days after Brom., no change. Such cases are no proof in favor of Brom., but just the opposite. They are not worth the printing, because, when a medicine is the *right* one, it operates *at once*, and the recovery is *quick*, no "next day worse," or "no change for two days." In No. 74 Brom., not answering to the totality of the disease, was unable to remove the exudate, but Carb. acid. did it in ten hours; on the contrary, Brom. removed the exudate quickly in No. 64, because it was given in the former case in the 3d dil. internally (dynamically insufficient); in the latter, used quite strong externally (chemical action).

Balogh (63) does not mention a most important item, *i. e.*, the *number* of days it required to remove the exudate. His statement is not of much weight, because the requirements of a medicine by some physicians (like Ozanan) are very moderate. The same may be said of Mayhoffer (55), but as he used the remedy also externally, he secured the chemical (fungus-destroying) power of Brom., and may have thus obtained a better success.

Nos. 60 and 61 are very indefinite. Brom. is here recommended when the disease commences on the very lowest part of the fauces, spreading upwards, which is contrary to the usual beginning.

Guernsey (62) might just as well have expressed himself briefly thus in diphtheritis of the larynx with much rattling. Ozanan and Balogh also consider Brom. the remedy for diphtheritis of the larynx.

When Baehr wrote his *Therapeia*, very little had been written on the treatment of diphtheritis; this explains his meagre remark (54).

Ozanan's misgivings that Brom. is a remedy for croup, but not for diphtheritis, is fully affirmed by Villers (56).

In No. 71 Brom., as a prophylacticum, proved useless in two cases out of three.

The use of Brom. in diphtheritis rests on these three points: 1, that it destroys fungous growth; 2, that diphtheritis, when spreading to the larynx, produces symptoms similar to croup (croupy cough, hoarseness, difficult, croupy breathing); and 3, that Brom. is an important croup remedy. To reason from this that it is also a great remedy against diphtheritis of the fauces or larynx, is a wrong conclusion. If diphtheritis and croup are two entirely different diseases in their nature and character (2 *a* and *b*), Brom., being a chief croup remedy, cannot at the same time be a great diphtheritis remedy, because a drug has not only to cover the symptoms, but must likewise correspond to the character of the disease. How can one and the same remedy answer to a sthenic and an asthenic disease, to a plastic disease and one whose tendency from the onset is decay, exhaustion, paralysis? Do we give Bellad. for headache in the full-blooded and robust, and also in the bloodless and feeble?

We shall speak of the fungus-destroying power of a medicine in the General Résumé after the remedies, as we cannot repeat in the Résumé of each drug, of a like nature, what we have to say on this point.

XI. BRYONIA ALBA.

75. We have used Bryon. tinct., 1 dr. every two hours, in two cases of diphtheritis, in which the fever was slight, the throat complaints insignificant, and the general condition of the patient little disturbed. The recovery required in one case ten, in the other fourteen days (!) (*Hirsch. Ztschr. f. h. Klin.*, 11, 189; Mayhoffer).

76. The patient is quickly prostrated, shuns all motion, and complains on moving, or when being moved, of pain everywhere; white tongue; feeling of dryness in the mouth, without particular thirst or desire for large quantities of water (*Raue's Therap.*, 119).

XII. CALCAREA CHLORATA.

Chloride of lime.

77. R. Hughes in his account of fifty cases, after canvassing the claims of the various remedies, finally comes to the conclusion that our most hopeful outlook is in the direction of such antiseptics as the Permanganate of potash and Chloride of lime. We have defended the employment of this remedy on a higher ground than as a mere antiseptic. We have prescribed it frequently, because it best answered the whole pathological state as well as the symptomatology of these cases. During five years not a single case of diphtheritis was lost, although some of the cases were of the most dangerous character. Chloride of lime was used both internally and locally. Internally I dissolved from 8–20 dr. in half a glass of water, one spoonful every half to two hours. Previous to giving this solution internally, I used a gargle containing 1 teaspoonful of Liq. calc. chlorin. to two-thirds of a glass of water. I only used the gargle where there was a great amount of diphtheritic deposit. It removed the membrane rapidly. The disease commenced with a feeling of general indisposition, soreness of the throat, throat and fauces highly inflamed, tonsils swollen, loss of appetite, fever, and restlessness at night. These symptoms,

after twenty-four or thirty-six hours, were followed by complete prostration; the throat and fauces covered by a rapidly spreading membrane, extending up into the nose, causing complete obstruction, discharging a sanious ichor; excessive fetor oris; the glands of the neck *enormously swollen; complete loss of appetite*; great pallor; nausea; vomiting; more or less diarrhœa. Under the action of Chlor. of lime, the dangerous symptoms would disappear sometimes in two or three days, though sometimes they would last from ten to twenty days before convalescence. Out of nearly one hundred cases I lost only two, and these were diphtheritis of the larynx (*Am. Journ. of Hom. M. M.*, 7, 452; C. Neidhard). (A shorter, similar notice by the same physician is found, *N. E. Med. Gaz.*, 2, 280.)

Résumé.

As Brom. and Iod. are chief remedies in croup, and as Chlorine is very intimately allied to both, it follows that it likewise is an important croup medicine, and will have, though not as yet used, a like definite place assigned as Iod., Brom., and Spong. But as croup and diphtheritis are entirely different in their nature and character, it further follows that Chlorine, like Brom. and Iod., cannot be a *homœopathic* remedy against diphtheritis. The result obtained is not due to its dynamic effect, but to its fungus-destroying power (see *Résumé to Brom. and General Résumé*).

XIII. CAMPHORA.

78. Camph. has been used by some allopathic and undoubtedly also by homœopathic physicians, but it is strange that no mention is made of it in homœopathic literature, especially as a disease like diphtheritis would offer frequent occasion for its use. The following symptoms call strongly for its administration: Great prostration and weakness, almost to faintness; great exhaustion; faintness, shivering, and numbness; fainting; collapse, etc.

It may be given either in the usual way, or, still better, as spray from the 1st or 2d dil., by means of a common toilet atomizer.

XIV. CANTHARIS.

79. Too copious or difficult urination; the urine contains shreds

or coats of uriniferous tubuli; extreme prostration, sinking, death-like turns; irritable-looking rash upon the skin or shining through the epidermis (Raue's *Therap.*, 120).

80. There is marked disturbance of the urinary organs; frequent desire to urinate, with burning and cutting pain; the membrane appears in patches upon the posterior wall of the throat, with burning in the throat (Guernsey's *Obstet.*, 946).

81. Diphtheritis, with great burning in throat, accompanied by a scraping sensation, so that, when expectorating, blood was brought up (*Hahnem. Monthly*, March, 1874, p. 358; Raue's *Record*, 6, 86).

N.B.—The principal sensation in the throat is *burning* pain, *burning* soreness.

XV. CAPSICUM.

When, if a description can be given, the throat smarts as if from cayenne pepper; the diphtheritic deposit covers a considerable portion of the fauces. There is a sensation of constriction on swallowing (Guernsey's *Obstet.*, 946).

XVI. CARBOLICUM ACIDUM.

82. Carbol. acid has not yet failed as a prophylactic. Carbol. acid, 1 grain to 1 ounce of water, every two hours half a teaspoonful, has a favorable influence on the fungous growth, less upon the fever and the other complaints (*Allg. h. Ztg.*, 80, 83; Lutz).

83. Carbol. acid has not yet failed, even in malignant cases, but Apis, Arsen., Brom., and Merc. hydrocyan. have. In light cases I give Carbol. acid, 3 (1 : 99), 12 dr. to 120 gram. water, every two hours one spoonful, and for little children, who can not gargle, I order the mouth and fauces to be painted several times a day with a solution of 8–10 drops of the tincture to one glass of water. Those who can, should gargle with it every hour. Under this treatment the difficulty and pain in swallowing are removed within forty-eight hours, in most cases and after some days the exudation commences to come off, and the whole process is finished in eight or nine days. In malignant cases I give a lower dilution, and more frequently (every half to one hour). I also order inhalations with Siegel's apparatus three or four times

a day, and well covered cold water-pack around the neck. I have received cases from the allopathic treatment, which were near death on account of threatened asphyxia, and out of danger after three or four inhalations (*Allg. h. Ztg.*, 89, 202; Davidson).

84. Carbol. acid 6 was a sure prophylacticum. If the remedy is administered in the 3d dil., as soon as the disease breaks out, recovery takes place in three days (*Allg. h. Ztg.*, 91, 44; Gigliano).

85. My experience in the last years regarding the use of Carbol. acid is very favorable. The severer the case, the more satisfactory have been the results. I use it only externally, therefore difficult swallowing is no contraindication. My atomizer is the usual toilet spray-producer. I fill the bottle with a solution of Carbol. acid (2 grains to 6 ounces of water, for children weaker), and rinse with it the whole affected part every one or half an hour. There is enough of it absorbed to secure the dynamical effect of this great remedy. It is unnecessary to relate any case, as they resemble each other more or less. Since I used this drug, the after diseases have been much less frequent. Whether the fungi are the cause or the consequence, Carbol. acid proves its disinfecting power. *Weak solutions operate better than strong ones.* Sometimes seventy-two hours pass by before improvement commences, but I continue the treatment as long as the patient is no worse, and just this perseverance has obtained success, where even collapse threatened (*Allg. h. Ztg.*, 91, 93; S. Lilienthal). I confess that I lost my cases where the larynx was affected (*Hahn.*, *Monthl.*, 11, 267; Lilienthal).

86. Bæhr has used the last two years nothing but Carbol. acid; out of twenty-eight cases he lost none. He has counted here only such cases where the exudate was imbedded in the mucous membrane, and fœtor oris present. He gave Carbol. acid, 1-3, 2-3 dr. in water every two to three hours, *and before each dose he swabbed the affected parts with diluted alcohol.* (*Internat. Hom. Presse*, 6, 581, and *Allg. h. Ztg.*, 87, 140).

87. See No. 47. All symptoms were improved by Brom., only the exudate remained unchanged, but disappeared in about ten hours after the external use of Carbol. acid (*Allg. h. Ztg.*, 85, 4; Hirsch).

88. Girl, living in a very small and bad tenement. On the

second day of the disease the entire fauces covered with exudate, glands of the neck swollen, aphony, crouplike cough, fetid discharge from the nose, violent fever, pulse 130. Carbol. acid; improvement not until four days later, and recovery nine days later (*Allg. h. Ztg.*, 87, 140; Bæhr).

89. Child. For twenty-four hours diphtheritis; ulcer of about half inch diameter in the left side of the throat. Carbol. acid. Worse on the second day. On third day the whole throat filled up with membranes; on fourth day ichor run out of mouth and nose in lying; the exudate reached forward to the teeth. On fifth day the exudate was thrown out, but formed again as a thin coat; on seventh day only a little of it was left, on the eighth day only a little reddish ulcer; on the ninth day child went outdoors (*Ibidem*).

90. Girl. Very large swelling outside on the neck. Carbol. acid. Also in this case the disease grew worse till the fifth, and had subsided on the seventh day so far that the ulcers were clean. On ninth day child went outdoors (*Ibidem*). Another severer case had a very similar course.

91. Child. Merc. hydrocyan. unsuccessfully for three days. Carbol. acid 1, 2 dr., to one glass of water, every two hours one dose. The next day better in every respect, recovery two days later (*Allg. h. Ztg.*, 91, 44; Gigliano). In many other cases, also in malignant ones, the same result.

92. A pregnant, syphilitic woman. Violent fever, tonsils very much swollen, fauces intensely red, tongue coated white. Belladonna. Scarlatina. Inflammation of the throat worse. Tonsils and fauces covered with thick membranes. Mucous membrane of the nose severely affected; submaxillary glands very much swollen, and hard; very profuse salivation; tongue very much swollen; scarcely able to open the jaws; swallowing, even of liquids, almost impossible. Nitr. acid ineffectual. Carbol. acid, 2, 2 dr., in water every two hours; for gargling or rinsing, a 2% solution of Carbol. acid. Improvement; recovery. (*Ztschr. f. h. Klin.*, 24, 135; Mossa).

Résumé.

After reading the above regarding this drug, one might think it the panacea for diphtheritis, and that there could be no more

death from this disease, but—remember what has been said in No. 11.

We have very little to sum up, because 83, 84, 85, and 86 are sweeping assertions without any special indications for the selection of the remedy, as homœopathy requires. We shall speak of this one remedy—doctoring in the General Résumé, as we cannot repeat our remarks on this subject in the Résumé of each remedy thus abused.

Regarding Nos. 88, 89, and 90, we refer the reader to what has already been said of the cases 65–73, in the Résumé under Bromium. They are not remarkable cures, especially, when we take into account that Alcohol was also used externally.

We will not consider case 92, as there is no mention how soon the improvement begun, nor how many days the recovery required.

In No. 91, no symptom is given to furnish any indication for the selection of the drug.

Consequently, out of all the above material, only 82 and 87, about four lines in all, are of any practical use. It is this: 1. Carbol. acid has a favorable influence on the fungous growth, less upon the fever and other complaints. This hits the truth quite near. 2. It removed the exudate very quickly after Brom. had improved the other symptoms, the fungi excepted.

Carbol. acid has the power of destroying all fungous and parasitic growth, and also of causing paralysis, but it does not produce a highly inflammatory state of the throat; even the pain is not severe, especially if we exclude those symptoms which appear immediately after taking the drug, caused by its local (chemical) effect. Consequently it is not homœopathic to a diphtheritis with severe inflammation and pain in the throat, accompanied by high fever (beginning of many cases), but is indicated after the inflammation and pain have partly subsided, and the exudate been deposited, especially when the following symptoms are present: *great languor; weakness; great prostration; general soreness; drowsiness; chilliness; cold perspiration; dizziness; headache; especially in the forehead, or through the temples, as if from a tight band around the forehead; affection of the mucous membrane of the nose; face pale; loss of appetite; nausea; weak pulse, etc.*

Some have found it useful in diphtheritis of the larynx, others not. We wish to draw particular attention to Lilienthal's remark, that *weak solutions operate better than strong ones*.

XVII. CHINA.

93. As soon as the diphtheritic process is ended, it is advisable to order at once a strengthening diet and the use of China 3; as the great loss of strength, and the anæmia require immediate reparation (Kafka's *Therap.*, 1, 434).

XVIII. CHININUM ARSENICOSUM.

94. We have seen surprising results from Chinin. ars. 3, in the malignant angina during scarlatina. The rapidly developing paleness of the skin, the quick exhaustion, and the fast destruction of the mucous membrane of the fauces drew our attention to this remedy. We gave it every two or three hours, and swabbed the fauces every hour with fresh water (Kafka's *Therap.*, 1, 433).

95. Since I use Chinin. ars., I have not lost another case of diphtheritis, although I have treated several hundred patients. The favorable results I had with it in diphtheritis during scarlatina, induced me to prescribe it also in the genuine diphtheritis, of which we had an epidemic of a year's duration. I have often treated from three to five members of the same family, simultaneously or successively, and always with rapid success. In all cases there were present fœtor oris, swelling of the submaxillary glands, frequently also of the parotides, violent fever, and great prostration, besides the characteristic signs on the tonsils and palate. I gave mostly the 1st centesimal trit., 1 grain every two hours, seldom the 2d trit.; the 1st trit. was decidedly more effective than the 2d trit., which was sufficient only in milder cases and with little children. It required generally twenty-four hours to see an evident improvement of the accompanying symptoms, but not of the exudate, which remained the same. In several cases improvement took place, not until after forty-eight hours or even after a longer use of Chin. ars. In two cases of malignant scarlatina of young people, the diphtheritis was cured not until

after a fourteen days' use of Chin. ars., 1st trit. During the administration of this remedy the diphtheritis very seldom spread to the larynx, still no case was cured by it after the larynx had already been affected. I had two such cases (*Allg. h. Ztg.*, 87, 113, and 196; Findeisen).

96. A slender girl of 20 years. Blackish exudate, very extended; hoarseness; febris putrida; great weakness; head confused; anxiety; delirium at night; difficult swallowing; very strong foetor oris; tongue and skin dry; pulse 130. Apis, painting and inhalations with alcohol ineffectual. Chin. ars. improved soon. Recovery (*Allg. h. Ztg.*, 78, 103; Neuschaefer).

97. A stout girl of 10 years. Severe diphtheritis. On the third day, Chin. ars. 1 (1 : 99), 1 gr. every two hours. Two days later there was the following condition: strong foetor oris; the submaxillary glands very much swollen and painful; breathing through the mouth because the nose was stopped up with purulent and bloody substance; corners of the nose excoriated; tongue coated thick and brown; both tonsils covered with a gray exudate; on the right tonsil a bloody ulcer with uneven edges, which corresponded to the size of a membrane just retched out; the lower half of the uvula gangrenous, the upper half covered with exudate: the entire posterior wall of the fauces completely covered with exudate; swallowing of liquids very difficult; great weakness; sleeplessness; pulse small, very frequent. Chin. ars., 1st decimal trit. (1 : 9), 2 centigr. every hour. Two days later the condition much the same, no worse; exudate a trifle less. The same prescription continued. Two days later, considerable improvement; same prescription continued. Two days later, recovery (*Allg. h. Ztg.*, 87, 204; Findeisen).

Résumé.

Only three physicians have used Chin. ars., and two of them recommend it, when the following symptoms are present: paleness (anæmia), rapid exhaustion, quick destruction of the mucous membrane (94); foetor oris, swelling of the submaxillary glands and parotides, violent fever, great prostration (95).

As we have no proving of this drug (except a short and insufficient one) to guide us in its selection, its use has been only empiri-

cally. It is, however, impossible to conjecture correctly the operations of Chin. ars. from those of Chinin. sulph. and Arsen., as we know from chemistry that the properties of a combination (salt) are different from those of its constituents. Still experience in the homœopathic practice has taught us that the properties of the base vastly predominate over those of the acid. For instance, Calc. carb., acet., and phosph. are not so different from each other in their operations, but what we can give frequently one in place of the other. While between Phosphate of Lime, Iron, Mercur., Quinine, etc., there is such an entire difference, that not even the thought of giving one in place of the other would ever enter our mind. According to this experience the operations of Chinin. would excessively predominate over those of Arsen.

Chinin. and Arsen. have great power of destroying fungi, and Chin. ars. 1st *decimal* trit. (1 : 9) *every hour*, is such an immense dose that it could not help acting locally (97). As the 2d trit. was useless, and as, after giving the 1st trit., the improvement begun by a slight decrease of the exudate, we are inclined to think that the recovery was due more to its involuntary local application (swallowing) than to its dynamic influence. Most homœopathic physicians would have rather changed the remedy than gone still lower in the scale, as the 2d trit. is low enough, especially of a drug poisonous as this.

Chin. ars. did not always prevent the disease from spreading to the larynx, and never cured after it had spread.

We do not think much of any case where the writer neglects to state how soon the improvement commenced, and how many days the recovery required. This part of the history of a case is of as much consequence as the symptoms, or any other important part (96).

XIX. CHLORUM.

98. Aqua chlori, as undiluted as possible, has a favorable effect upon the diphtheritic process, but is very disagreeable on account of its bad taste (*All. h. Ztg.*, 80, 83; Lutz).

XX. CHROMICUM ACIDUM.

99. Ozanan considers Chromic. acid. a great specific against diphtheritis of the fauces and larynx, even when the parts be-

come gangrenous, as it produces a very similar disease (Hirsch. *Ztschr. f. h. Klin.*, 19, 144).

100. Chrom. acid. (1 to 4 parts of water), externally, could not stop the local process in three severe cases, and did not prevent death (*Allg. h. Ztg.*, 80, 83; Lutz).

XXI. CONIUM MACULATUM.

101. Five cases were cured by Conium, three of which were after scarlatina. In one of the latter cases (a girl of 4 years) the urine turbid, after standing, dirty *gray*, with a little yellowish tint; condition worse nights, somnolence, with constant waking and change of position; sawing, snoring breathing; exudation dirty-grayish. Con. 30 every three hours. Recovery in five days (*Allg. h. Ztg.*, 82, 4; Kunkel).

XXII. CROTON TIGLIUM.

102. Croton tigl., as indicated in cases of diphtheritis characterized by not much, if any hoarseness, not much difficulty in swallowing, excessive exhaustion, perhaps coming on with alarming suddenness (*Med. Invest.*, 10, 149; Williamson. *Raue's Record*, 5, 112).

XXIII. FERRUM SESQUICHLORATUM.

103. Ferr. sesquichl. is used externally by some, merely to destroy the fungi; no special indications.

XXIV. GELSEMINUM SEMPERVIR.

104 *a*. Local tingling of parts during the fever; incipient paralysis or anæsthesia; defective or impaired vision; objects appear a long way off, are seen double or inverted (*Raue's Therap.*, 120).

XXV. HYDRASTIS CANADENSIS.

104 *b*. In diphtheria the Hydrast. has been found of benefit. It corresponds to the debility which results from that disease, and to the local condition of the throat, when ulceration occurs. I am accustomed to use it as a gargle in all cases where ulceration is noticed. Dr. Logan says: "I have used Hydr. in ulceration of the mucous membrane with very satisfactory results. Three

years ago I treated over two hundred cases of diphtheria, using Hydr. as a gargle with good results." C. C. Smith reports the following case: The disease came on in the usual way. Under the use of Nitr. acid., Bellad., and Capsic., the throat was cured in a very short time, the false membrane clearing off nicely. But about the period when I was looking for the time to arrive when the patient (a girl of fourteen) should be well on the road to health, I was not a little surprised to discover the diphtheritic membrane forming in the left nostril and in the vagina, the former being completely plugged up. I at once administered this drug both externally and internally, in the 1st decimal dilution, 6 dr. to one-half tumbler of water, one spoonful every hour. Very soon the false membrane began to shrink up, and soon came away; the cure was rapid and complete (Hale's *New Rem.*, 2d edit., 574).

XXVI. IODIUM.

105. Iod. rendered excellent service in a case of diphtheritis. The velum palatinum and tonsils covered with thick, grayish-white exudate; much pain in throat, painful swallowing; salivation; strong fœtor oris. The patient, a girl of 10 years, was scrofulous, and had had swollen submaxillary glands for several months. Iod. 3, every three hours. Three days later decided improvement. Recovery on the sixth day (Hirsch. *Ztschr. f. hom. Klin.*, 4, 180 and 187. Hirsch).

106. Boy of 4 years. Diphtheritis; Mercur.; cough with croup tone. Hep. and Iod. 3 ineffectual. Iod. 1, recovery (*Allg. h. Ztg.*, 69, 180; Goldman).

N. B.—See what has been said in the Résumé under Brom.

XXVII. KALI BICHROMICUM.

107. Kal. bichr. is indicated in cases similar to Sulphur. acid., but the disease is deeper seated, commences in the fauces, and spreads to the larynx. The increased redness, and considerable sensitiveness of the still healthy parts of the mucous membrane of the mouth and fauces, is a characteristic indication for Kali bichrom., while a purplish paleness of the mucous membrane, and a moderate swelling of the affected parts, points to Nitric acidum. When the disease spreads to the larynx in cases where Kali bichr.

is indicated, we soon observe hoarseness with cough, which is at first rough and dry, but becomes loose after a few hours, and causes fits of choking in consequence of the tough expectoration. Although this remedy is very specific in such cases, still improvement takes place gradually, which proves the deep affection of the mucous membrane. Kal. bichrom. 6, 3 to 4 dr. to one-half glass of water, one spoonful every three to four hours (Hirsch. *Ztschr. f. hom. Klin.*, 17, 53; Hirsch).

108. The discharge from the nose is tough and stringy; pain in the left ear; swelling of the parotid glands; croupy cough; measles-like eruption; red, raw, shining tongue; deep-eating ulcers in the fauces (Raue's *Therap.*, 120).

109. The disease extends into the throat (and bronchia), producing a croupy cough, in paroxysms, with expectoration of viscid, tough mucus, which may be drawn out into long strings; tough and stringy discharge from the nostrils; pain in the left ear; swelling of the parotid and submaxillary glands; eruption upon the skin, which looks like that of measles; the tongue is red, raw, and shining (Guernsey's *Obstet.*, 946).

Résumé.

If the reader will delay its use till the often mentioned indication for Kal. bichr. appears, viz., stringy, tough mucus, which may be drawn out into strings, he will lose many chances for using this drug successfully. It is indicated, where *the mucous membrane is deeply affected, and there is much ulceration; the mucus is frequently streaked with blood; pain in the throat; painful, difficult swallowing; great weakness; cachectic look; swollen glands.* Frequently the nose is also affected.

This remedy has not received sufficient attention.

It is recommended in diphtheritis of the larynx.

XXVIII. KALI CHLORICUM.

Kali hydrochloricum, Chlorate of Potassium, (KO, ClO_3).

110. Girl of 11 years. In spite of Bell. 3, Nitr. ac. 6, and gargling with diluted alcohol, the diphtheritis made rapid progress, and presented a severe case. On the fourth day, pulse 120, bad

sleep, little appetite; the entire fauces filled with exudate; violent pain in the throat; strong fœtor oris; in the morning a fainting fit. Kal. chlor. 1 (1:99), one teaspoonful every hour; the same preparation for gargling every three hours. Improvement of the general condition and the appetite in a few hours; also the exudate a little less. Recovery soon. (*Internat. hom. Presse*, 3, 575; Goullon, Jr.) In *Allg. hom. Ztg.*, 78, 126, he recommends Kal. chlor. $\frac{1}{2}$ to 1 gramme to 50 grammes water, one teaspoonful every two to three hours.

XXIX. KALI HYDROBROMICUM.

Kalium bromatum, Bromide of Potassium.

111. Bromide of Pot. and Argent., in cases in which there is an anæsthesia of the roof of the mouth and fauces. (*Raue's Therap.*, 120.)

112. Lymphatic child of 8 years, disposed to frequent sore throats; Bell. 2, and Merc. subl. corr. 3, useless. On the third day, pulse 150, face very red, throat swollen; impossibility to move the head; the submaxillary glands, especially on the right side, very much swollen and painful; tonsils still more swollen, purple; tonsils and uvula covered with very thick exudate; a distinct, crooked line of demarcation between the healthy and affected part; mouth dry, hot; anxiety; excitement, alternating with comatose somnolence. Kali hydrobrom., 75 centigr. to 250 grammes of water, one spoonful every hour. Improvement by evening; a better night. The exudate removed in nine days. (*Allg. hom. Ztg.*, 73, 85; Noack.)

XXX. KALI HYDROJODICUM.

Kalium jodatum, Iodide of Potassium.

113. Man of 38 years. Diphtheritis. On the second day of the disease, headache; general indisposition; languor and fever; fauces very red; uvula swollen and elongated; tonsils covered with exudate. Kal. hydrojod. 0.05 in 150 grammes water, to be used in twenty-four hours by the spoonful. Recovery in five or six days. (*Allg. hom. Ztg.*, 79, 62; Ozanan.)

114. A female. Rather light case of diphtheritis. Kal. hydroiod. Slow recovery. (*Ibidem.*)

115. Girl of 10 years. Diphtheritis. Chills; fever; pain in throat; pulse 135; skin hot; exudate on both tonsils. Kal. hydrojod., 0.25 to 1 glass of sugar-water, one spoonful every hour. On the next day, the exudate thicker, skin less hot; the next two days, throat's symptoms and exudate worse. Kal. hydroj. 0.75. Improvement two days later; recovery on the ninth day. (*Ibidem.*)

N. B.—These three cases, certainly, do not encourage the use of this drug in diphtheritis.

XXXI. KALI PERMANGANICUM.

Permanganate of Potassium.

116. Useful in diphtheria with ulceration, and gangrenous suppuration with fetid odor. Dose, 1 gr. to 1 oz. of water; two teaspoonful doses. (*Hahneman. Monthly*, March, 1874, p. 357; W. R. Childs; Raue's *Record*, 6, 86.)

XXXII. KAOLIN.

117. Kaolin has been used by a few physicians, but always in alternation with other medicines. (*American Observer*, 1871, page 129, and Raue's *Record*, 3, 101.)

XXXIII. KREOSOTUM.

118. An eight-year old girl, whose two sisters were sick with a violent diphtheritis, was seized with fever, vomiting, loss of appetite, restless sleep, general languor, swelling of the glands; three days later, suddenly, very much exudate in the fauces. Nitr. ac. 2, internally, and 1 dil., externally. All symptoms much worse during the next three days; fœtor oris. Kreos. 3, internally and externally. Improvement in twelve hours. Recovery. (*Allg. hom. Ztg.*, 78, 83; Sybel.)

XXXIV. LACHESIS.

119. During an epidemical diphtheritis there were a great many cases, where the general symptoms were much severer, in comparison to the local symptoms, than one would suppose. Frequently the prostration was quite violent before any local symptoms could be discovered. The pulse slow, weak, small; perspir-

ation cold, clammy; fœtor oris. Here Laches. helped quickly. (*Allg. hom. Ztg.*, 70, 16; Dunham.)

120. The following pathogenetic symptoms of Laches. speak for its selection in diphtheritis: Lassitude, weakness, extremely painful swallowing, difficult speaking, ulcerated appearance of the mucous membrane of the fauces; pale redness of the fauces, white or yellowish exudate. Experience afterwards proved these symptoms to be indications for this drug. (Hirsch., *Zeitschr. für hom. Klinik*, 14, 155; C. Wesselhœft.)

121. In two cases the following symptoms were present: The subjective symptoms were much more prominent than the objective. The complaints, especially the swallowing, were much more violent than one would suppose from the extent of the disease. Sensation as if a foreign body was in the throat, with stinging extending into the ear; urgency to swallow, and desire to hawk up something, with attacks of choking; voice weak and hoarse. Cough caused pain in the throat, therefore, in the endeavor to restrain it, it sounded short and suppressed. Fever. After ineffectual use of Acon., Merc. sol., and Kal. bichr., Laches. 9, every three hours, improved very much in twenty-four hours, and cured in six to seven days. (Hirsch., *Zeitschr. f. hom. Klin.*, 17, 53; Hirsch.)

122. When, after Bellad., by next evening, there is no marked change for the better, or when the patient is even worse in the morning after some sleep, with a decided development of those skinny patches on the tonsils, worse on the left side; or when croupy symptoms appear, and the patient cannot bear anything touching his neck and throat. (Raue's *Therap.*, 119.)

123. Begins on the *left* side, with a tendency to extend to the right: Pulse 140 or 150; give one dose, and wait; in twelve hours there will be slight improvement, more in thirty-six hours, and much more in forty-eight hours. In one case, where the left tonsil was one complete black slough, the disease passing to the right, one dose cured. (Raue's *Record*, 2, 72; and *Hahnem. Monthly*, 5, 286; H. N. Guernsey.)

124. Sore throat, hurting patient to swallow, with great difficulty in swallowing; in bad cases, the fluid swallowed runs out through the nose; dislike to have throat touched or examined;

flushed face; quick pulse; breathing oppressed; membrane commences on *left* tonsil and pharynx, extending to uvula and right side. Laches. will remove the membrane in from twenty-four to thirty-six hours less time than Lycop. In cases where the membrane is just forming, will remove it in forty-eight hours. (Raue's *Record*, 4, 85, and *Hahnem. Monthly*, 1872, p. 16; W. McGeorge.)

125. When the disease first makes its appearance in the left side of the throat, and there remains or extends from thence to the right side, the throat very sensitive to touch or pressure. (Guernsey's *Obstet.*, 946.)

126. Boy of 8 years, brother of a two-years' old girl, violently sick with diphtheritis (see No. 213; cured by Sulph. ac.; Hirsch, 14, 142). Violent pain in throat, swollen tonsils, fever, heat. Bell. 6, for three days, ineffectual. Considerable exudate in the choanæ; in sneezing, a tough, skinny substance is blown out of the nose. Lach. 30, every three hours; slow recovery. (Hirsch., *Zeitschr. f. hom. Klin.*, 14, 142; C. Wesselhœft.)

127. A young, tall, active man, and with dark eyes and hair. Diphtheritis, two days; face sickly, pale; dark rings around the eyes; swallowing exceedingly painful; speaking difficult; weakness extraordinary; mucous membrane of the fauces pale red; white exudate on the tonsils and velum. The singular grouping of the exudate causes the affected parts to look like ulcers of the mucous membrane with white edges. Mind depressed. Several remedies ineffectual. Lach. 30, every three hours; improved by next day, and cured in three days. (Hirsch., *Zeitschr. f. hom. Klin.*, 14, 142; C. Wesselhœft.)

128. A girl of 9 months; diphtheritis; Bell., 30; worse two days later. Very difficult swallowing; complete aphonia; a wheezing, hissing sound, in place of the natural crying. Excessive weakness; lets the head hang; scarcely lifts the limbs. Fauces pale, covered with white exudate. Laches. 30, every three hours. Improved in twenty-four hours, and cured in five days (*Ibid.*, p. 149; C. Wesselhœft.)

129. Girl of 6 years; velum, tonsils, and posterior wall of fauces pale-red; on the left tonsil tough, yellowish-white exudate. Lach. 30, every three hours; cured in three days (*Ibid.*, p. 155; C. W.).

130. A boy of 6 years; epileptic, with thick head, pale, bloated look, and delicate constitution. For the last fourteen days the following condition: On the left side of throat several white, exudate spots; the mucous membrane pale-red; not much difficulty in swallowing; both parotids considerably swollen; pulse very frequent, hard; great apathy; somnolency; drooping eyelids. Several remedies ineffectual. Lach. 30, every three hours. Improved in twenty-four hours, and almost cured in forty-eight hours (*Ibid.*; C. W.).

131. An Irish family of eight children was attacked with malignant diphtheritis; three died under allopathic treatment. I was called to see three others who had been under the same treatment several days; found them as follows: 1. Girl of 8 years, throat greatly swollen internally and externally; discharge from the nose and mouth of an intensely fetid and excoriating fluid; fauces covered with diphtheritic membrane; pulse 110, small; extremities mottled and livid (scarlatina); swallowing was almost impossible. 2. Girl of 6 years, similar symptoms, but not so aggravated; fever considerable. 3. Boy of 4 years, with similar symptoms, has a dark rash on the body (scarlatina). The fetor from the patients was overpowering, as they were all in one room. Small hopes of recovery, owing to the filthy surrounding, insufficient food, and want of care. Laches. 10, every three hours. In three days the three children out of danger. The oldest girl commenced improving the next day. On the third day an abscess in the cellular tissue of the neck opened. A few days afterwards the two remaining children were attacked; they died on the third day under allopathic care (*Amer. Jour. of Hom. Mat. Med.*, 2, 184; E. M. Hale).

132. Boy of 8 years; sick five days; constant delirium, which *changes rapidly from one subject to another*; talks, sings, or whistles constantly; throat filled with membrane of a dark color, which was *developed from left to right*; has not slept for seventy-two hours, but during last twelve hours has occasionally fallen into a light sleep, which is *followed by aggravation of all symptoms*; badly smelling stools; urine high-colored and of strong smell; body covered with bluish-red eruption, which is round and elevated.

Laches. 4^m, one dose, cured in a few days (*Amer. Jour. of Hom. Mat. Med.*, 3, 40, Goodno; and Raue's *Record*, 2, 73).

133. Girl of 26 years; pulse 130; skin hot and dry; face very red; drowsy; muttering delirium; grayish membrane developed from left to right. Laches. 5^e; cured in forty-eight hours (*Ibid.*, p. 139).

Résumé.

None of the one-remedy doctors have used Lachesis. Others that have administered it, have found it indicated when the following symptoms were present:

The subjective symptoms much severer than the objective; violent pain in throat; extremely painful and difficult swallowing; difficult speaking; sensation of a foreign body in the throat, with stings extending into the ear; urgency to swallow, and desire to hawk up something, with choking spells; dislike to have the throat touched; pale redness of the fauces; exudate begins or is worse on left side; voice weak and hoarse; aphonia; cough causes pain; factor oris; fetid discharge from mouth and nose; violent prostration even before the exudation; lassitude; weakness; pulse weak, small; perspiration cold, clammy; somnolency; delirium; symptoms worse after sleep.

In several cases the disease appeared during scarlatina. No. 130 is more of a subacute, slow nature.

XXXV. LACHNANTHES.

134. If the child has *a very stiff and painful neck, drawn to one side*, with diphtheria (Guernsey's *Obstet.*, 946).

XXXVI. LYCOPodium.

135. When the aspect of the fauces is rather of a brownish redness, worse on right side, and worse from swallowing *warm* drinks; when the nose is stopped up, and the patient cannot breathe with his mouth shut; he keeps his mouth constantly open, slightly projecting his tongue, which gives him a silly expression; the nostrils are widely dilated with every inspiration; on awakening out of a short nap he is awfully cross, kicks, and behaves naughty, or he jumps up in bed, stares about and knows nobody,

seemingly dreaming with open eyes ; frequent jerking of the lower limbs, mostly with a groan, awake or slumbering ; great fear of being left alone (Raue's *Therap.*, 119).

135a. Boy of 7 years ; membrane of a grayish color, developed from *right to left* ; *stoppage of nose, with excoriating coryza ; is unable to breathe through nose* ; lies with mouth open and tongue protruded ; headache in right side ; constipation ; fever ; all symptoms worse about 4 o'clock P.M. Lyc. 2°, one dose cured (*Am. Jour. of Hom. Mat. Med.*, 3, 140 ; Goodno, and Raue's *Record*, 2, 73).

136. Girl of 10 years ; patches of membrane on right tonsil, of a dirty-white color ; *stoppage of nose, is unable to breathe through it* ; headache ; high fever ; aching of the whole body. Lyc. 6^m, one dose cured (*Ibid.*).

137. Patient of 29 years ; has had inflammation of the tonsils and fauces for four days ; *much swelling and pain, amounting to spasm on swallowing* ; white diphtheritic patches on the tonsils ; constant desire to swallow, *accompanied by spasm, and violent, stinging pain* ; rigors ; rapid pulse ; *swelling and pain* most marked on the right side ; *fætor oris*. Lycop. 200 ; two doses, night and morning. Improvement after a few hours, and recovery without formation of pus or abscess (*Transact. of Amer. Instit.*, 1870, sec. 2, p. 252 ; C. Wesselhoef, and Raue's *Record*, 3, 101).

138. Girl of 20 years. Lach., Merc. sol. and bijod. useless. Diphtheritic membrane on tonsils and fauces much increased ; fauces *are red* and covered with whitish patches ; tickling, irritation, and stinging in the throat on going to sleep ; followed, after coughing, by *smarting, burning, and throbbing* ; *worse on the right side of throat and fauces* ; nausea ; loss of appetite ; great weakness and depression ; pulse 90, hard ; considerable fætor oris. Lycop., 200 ; two doses produced an immediate improvement and recovery (*Ibid.*).

139. Membrane comes first on the *right* side, and if the formation is not stopped, goes to the left side ; difficulty in breathing ; in bad cases, fan-like motion of alæ nasi ; speech indistinct, in some cases when the formation of membrane had gone on for some time ; soporous condition and indifference to external surroundings, and impatience on awakening. Given in cases where the

membrane is just forming, Lycop. will remove it in seventy-two hours “(!!).” When fully formed it will sometimes take five days. The membrane is not so likely to form a second time on the *right* as on the *left* side. In one very severe case the membrane came twice on the right side and three times on the left (*Hahnemannian Monthly*, 1872, August, p. 16; W. McGeorge, and Raue’s *Record*, 4, 85).

140. When it appears first on the right side, and from thence inclines to spread to the left, or it begins in the nose and extends down into the throat (Guernsey’s *Obstet.*, 946).

Résumé.

In the above citations there has evidently been much copying, and we may safely say that probably only two physicians used Lycopodium.

The most prominent indications for Lycop. are the following: Worse on right side; stoppage of nose with excoriating coryza, and inability of breathing through the nose; much swelling and pain in throat, with spasms on swallowing, etc.

XXXVII. MERCURIUS.

Various preparations.

141. The mercurial preparations answer only to the complication with scarlatina, because they have no true relation to the diphtheritic process (*Allg. h. Ztg.*, 84, 152; Hughes).

142. As Iodium has a specific influence upon the croupous process, so has Mercurius upon the diphtheritic. We may succeed in curing non-malignant diphtheritis with Bellad., Apis, Muriat. acid., but it is done the quickest and surest with Mercurius. Merc. solub. 2 suffices in the non-malignant form, but the malignant requires Sublim., Præcip. rub., Merc. jod. flav., Merc. hydrocyan. Sublim. and Brom. in alternation when the larynx is affected (*Allg. h. Ztg.*, 79, 15; Heinrich).

XXXVIII. MERCUR. BIJOD. RUB.

143. Merc. bijod., two grains of the salt dissolved in one ounce of alcohol, every two hours, a small dose on pellets or sugar of milk, is my chief remedy in ordinary cases. In the more malig-

nant forms, where there is considerable fetor of the breath, and the symptoms decidedly adynamic, Merc. corrosiv. will be found preferable (*Amer. Jour. of Hom. Mat. Med.*, 9, 175; Joseph Hobson).

XXXIX. MERCUR. JODAT. FLAVUS.

Protoioduretum Mercurii.

144. Great difficulty in swallowing, with great pain in the throat; the salivary glands are very much swollen and painful; very offensive smell from the mouth, and fetid discharge from the fauces and nares; swelling of the cervical glands (Guernsey's *Obstet.*, 946).

145. Girl of $3\frac{1}{2}$ years. Merc. and Arsen. ineffectual; the disease has spread to the larynx. Calc. sulphurata and Iod. for three days ineffectual; the disease worse. Aphonia; breathing very much impeded; the nostrils dilated with every respiration; the pit of the stomach drawn in at every inspiration; very weak murmur of respiration heard all over the chest, sometimes none at all; frequent violent spells of suffocation. Merc. jod. flav. 2 (1:9), five grains every hour, afterward less frequently. The next night better, steady improvement, recovery (Hirsch., *Ztschr. f. h. Klin.*, 17, 190; Sorge).

XL. MERCUR. BROMATUS.

146. I have used Bromide of Mercury in a few cases of diphtheria, with great painfulness of the inner throat, white deposit, and a dusky redness of the fauces and tonsils. It acts very satisfactorily in 3 dec. trit. (Hale's *Therapeutics*, 82).

XLI. MERCUR. HYDROCYANICUS.

147. The indication for its use is the presence of the exudate, which may be white, yellow, gray, or any shade between. The accompanying fever has the adynamic character, and the collapse shows itself in the commencement of the disease, therefore this drug should be used even before the exudation. Frequently the exudate is in places which cannot be seen. When an epidemic of diphtheritis prevails, administer it in every inflammation of the throat. Higher dilutions operate better than lower; I began at

the 6th and have arrived at the 30th dil. (Hirsch., *Ztschr. f. h. Klin.*, 17, 162; Villers).

148. Villers treated, during ten years, over a hundred cases under three different latitudes (Dresden, St. Petersburg, and another city in Russia), and found that the disease was always the same, and that Merc. hydroc. was the only suitable and quickly operating drug. He did not lose a single case, but insists on using the 30th dil. It certainly should not be administered below the 6th (1 : 99) dil. After using this drug the further extent and degeneration of the exudate is stopped at once, the improvement is very striking even after twelve hours, after twenty-four hours no vestige of exudate is generally to be seen, and after two or three days the disease is so far removed, that the remedy is no longer necessary, as the patient is well. With the improvement of the local symptoms that of the others keeps pace; refreshing sleep and appetite appear already after a few hours, and strength comes rapidly. If the remedy is given in the stage of invasion, *i. e.*, before the exudate is deposited, it will not appear at all. As a prophylactic it is equally as effective. Paralysis and other after-diseases have not been observed after the use of this drug. Several physicians have never seen any result from Merc. hydrocyan., because they gave the 2d and 3d trit. or dil., which is much too strong, or rather not sufficiently developed (*Allg. h. Ztg.*, 88, 92, and *Internat. h. Presse*, 6, 425, 431, and 439).

149. A scrofulous boy of 7 years, in Dresden, Saxony. Merc. sol. ineffectual. Beginning of exhaustion. Arsen. On fifth day cough with croup tone; torpid character of the disease. Iod. As the collapse grows worse and worse, again Arsen. On the seventh day, extreme exhaustion; sawing breathing; adynamic fever; spasmodic cough when examining the fauces. On the left side of the velum, close to the uvula, loss of substance of about half an inch in diameter, surrounded by a narrow, intensely red rim, the color of which contrasts with the purple tint of neighboring membrane; the deficiency is filled with a slate-gray, soft substance, which hangs below the edge of the velum. A hopeless case. Merc. hydrocyan. 6 (1 : 99), one drop to half glass of water, one spoonful every two hours, three doses, afterwards three doses of Iod., then again three doses of Merc. hydr., etc., in alternation.

The next night quiet sleep, with diminishing attacks of coughing; no sawing breathing. On the next morning appetite and not the least vestige of the gangrene; general condition correspondingly better. Extraordinary quick recovery (Hirsch., *Ztschr. f. h. Klin.*, 17, 146; Beck and Villers). We did not hesitate to translate this case, although two remedies had been given in alternation; as Iod. was ineffectual before the last administration of Arsen., it is unlikely that it had any effect afterwards; therefore the cure was due entirely to Merc. hydrocyan.

150. Boy of 4 years, in Dresden. Lives in a bad cellar-tene-ment. One brother and sister have just died of diphtheritis without any treatment. Tonsils, velum palatinum, and fauces much swollen, dark-red, and thickly covered with exudate; great difficulty in swallowing; hoarse voice; rough, dry cough, with anxiety; skin hot and dry; pulse 130, small; great weakness, apathy, emaciation. Merc. hydrocyan. 6 (1 : 99), one drop to half glass of water, one spoonful every two hours; twenty-four hours later the swelling of the velum and fauces diminished one-half; the color of the mucous membrane almost natural; only a trifling vestige of the exudate; pulse 90; skin almost normal. The second night quiet sleep and appetite. On the third day his mother washed the floor, and on the fourth day the patient, poorly clad, sat on the window-stool, close to a frozen window. No relapse of diphtheritis, but laryngitis catarrhalis with violent fever, which Phosph. 30 cured (*Ibidem*, p. 156; Villers).

151. A man in the last stage of consumption, in St. Petersburg, Russia. Extreme emaciation and weakness, so that he can scarcely speak. For the last six days diphtheritis, for which an allopathic physician had prescribed, daily, several doses of Chin. sulphuricum. Skin like parchment, dry; extremities cool; liquid stools; the entire mouth and fauces covered with one mass of soft, grayish-green exudate, of which some portions could be easily removed, leaving an easily bleeding surface. Merc. hydroc. every two hours. After the first dose the diarrhœa checked; after the second dose quiet and refreshing sleep. After twenty-four hours the swallowing better; he feels better and looks better; mouth and fauces almost free from exudate. The usual tuberculose expectoration, which had stopped for several days, commenced again. One day

later mouth and fauces perfectly healthy; strength is gaining. Ten days later he died of tuberculosis (*Ibidem*; Villers).

152. A 3-year old, very sickly, scrofulous girl, of a scrofulous mother and an old, syphilitic father. On the fourth day of the diphtheritis the following condition: The child lay on its back, with hanging under jaw and half-closed eyes; sopor, but when spoken to, easily roused; mouth and fauces completely covered with whitish-gray exudate; the dry lips bleed a little on opening the mouth; nose stopped up; swallowing impossible; the patient can utter only a few croaking sounds; emaciation and flabbiness of muscles; extreme weakness; skin hot and dry; pulse excessively weak, and so fast that it cannot be counted; urine scant, and darker than usual, without sediment; no stool for the last two days. Prognosis very unfavorable. Acon. and Bell. ineffectual. Merc. hydrocyan. 30, three globules every two hours. Improvement begun after the fourth dose, in the night; complete recovery on the fourth day, with the exception of weakness (*Hirsch., Ztschr. f. h. Klin.*, 17, 162; Villers).

153. A weak, irritable, anæmic, 11-years' old boy, living in a narrow, damp cellar-kitchen, also used as a wash-room. On the second day the entire mucous membrane of the mouth and fauces dark red and considerably swollen. On the left side of the velum palatinum a deep diphtheritic ulcer, with sharp-cut edges, surrounded by a ring of exudate; on the mucous membrane many very small exudate patches; the tip of the tongue dark red; the papillæ filiformes much swollen; the middle and back part of the tongue covered with a dirty-yellow coating; swallowing exceedingly difficult; face has an apathetic, anxious expression; on the upper half of the body a profuse, viscous perspiration, which is cold on the forehead and cheek. Radial pulse on the right arm scarcely perceptible; on the left, thread-like, 140. Extreme prostration; no appetite. Merc. hydrocyan. 30, 1 dr. to a glass of water; every two hours one spoonful. Quiet sleep in the second half of the following night; next day, in the forenoon, good appetite; in the afternoon no vestige of the exudate and of the coat on the tongue; natural color of mucous membrane of the mouth and fauces; pulse, 80, strong; he feels well (*Allg. h. Ztg.*, 79, 102; Villers).

154. During an epidemic diphtheritis in a small city in France, thirty-two patients died out of forty under allopathic treatment. Under the treatment with Brom. Spong., and Tart. em., several cases also were lost, but after Merc. hydrocyan. arrived from Paris, no more fatal cases (*Allg. h. Ztg.*, 88, 70; Roguin).

155. A 4-year old girl; light case. Merc. hydroc.; recovery (*Allg. h. Ztg.*, 79, 136; Ganz).

156. A lady of 24 years, suffering since morning with severe sore throat; feels very weak; pulse 120; skin hot and dry; deglutition very painful; frequent pains, darting from throat to ear and head; tonsils greatly inflamed and enlarged. Ac. and Bell. 3. The next day fever somewhat diminished; tonsils less acutely inflamed, but much ulcerated; the ulcers deep, and many of them filled with a greenish-yellow pus. Mercur. cyanuret., 2 gr. to half a tumbler of water; two small spoonfuls every two hours. Next day much better in every respect; the following day recovery (*N. E. Med. Gaz.*, 6, 116; G. W. Richards).

157. A 10-year old boy had for several years chronic enlargement of tonsils; sore throat, with much febrile excitement; headache; restlessness; some pain in swallowing; tonsils very red, swollen, and covered with small, superficial ulcers. Merc. cyan. 1, 1 gr. to half a tumbler of water; one teaspoonful every two hours. Decidedly improved the next day, and cured the second. (*Ibidem.*)

Résumé.

When Villers's son (No. 149) was hopelessly sick, Beck recommended Merc. hydroc. as the only remedy which might be of use, because it had produced gangrene of the velum palatinum and fauces on five persons poisoned with this drug. The astonishing result led Villers to use it again and again, always with the same gratifying success; and we must admit that his are marvellous cures, but must add that others did not find it such a universal remedy (see No. 11). We have also practiced under three different latitudes, and neither lost a patient, but were obliged to use various remedies; probably others have had equally as good results.

We have no proving of this drug, can therefore not give any indications for its selection.

XLII. MERCUR. SOLUB., HAHNEM.

158. The success with Mercur. has not been very great, and could not be otherwise, as Mercur. lacks the excessive quick prostration and the entirely suspended action of the skin (Bæhr's *Therap.*, 1, 328).

159. Profuse salivation; profuse perspiration; offensive breath; swelling of the submaxillary glands (Guernsey's *Obstet.*, 946).

160. With a very few exceptions, we have experienced the best results with Mercurius sol. (*Allg. h. Ztg.*, 79, 177; Goeze).

161. An 8-year old boy. Headache; fever; vomiting; convulsions; unconsciousness, with somnolency; swelling of the right tonsil, with some whitish-gray, soft exudate. Merc. sol., 3d trit. Improvement the next morning, and return of consciousness. Recovery in a few days (*Allg. h. Ztg.*, 79, 177; Goeze).

See No. 13.

XLIII. MERCUR. SUBLIM. CORROS.

162. Merc. subl. corr., 2d or 3d trit., is the right medicine, when the exudate covers the entire fauces and extends into the nose, from which a profuse discharge flows (*Allg. h. Ztg.*, 85, 86; Dittrich).

XLIV. MURIATIS ACIDUM.

163. Mur. acid. is scarcely indicated in quick and violent cases, but will suit where there is not much fever, but great lassitude and weakness. It is necessary not to use the remedy too weak, but in the 1st or 2d dilution (Bæhr's *Therap.*, 1, 329).

164. The use of Muriat. acid. is founded more on its antiseptic property than on its pathogenetic symptoms (Hirsch., *Ztschr. f. h. Klin.*, 13, 141; Trinks).

165. Hughes asserts that our only remedy is Muriat. acid. wherever intoxication of the blood evidently exists, but that it is by no means particularly effective; that our most hopeful outlook is in the direction of such antiseptics as Kal. permang. and Calc. chloricum (*Allg. h. Ztg.*, 84, 152).

166. A boy of 15 years. After a five days' use of Bell. and Merc., the following symptoms: The patient hawks out continu-

ally tough, fetid phlegm; the voice hoarse, nasal; rattling of mucus; submaxillary glands swollen as large as hens' eggs; the head bent forward, because, when holding it erect, or when lying down, the phlegm in the fauces causes difficult breathing and choking spells. The entire back part of the fauces a gangrenous ulcer, covered with tough mucus, which draws out in strings; fœtor oris; swallowing of water very difficult, producing cough; pulse small, very fast; face pale, with a very anxious expression; spirits depressed. Mur. acid. 1 (1:9), 4 dr. in water every hour; externally, Mur. acid. dilut., half a drachm, to 1 ounce of Mel. rosar. Improvement in twelve hours; fœtor oris removed in twenty-four hours, the exudate in four days. Complete recovery in eight days (Hirsch., *Ztschr. f. h. Klin.*, 16, 92; Pernerl).

167. A young man of 17 years; scarlatina. On the third day tonsils and fauces covered with exudate; the submaxillary glands swollen as large as pigeons' eggs; can only hold the head bent forward; continual desire to hawk, with difficult spitting out of tough mucus; swallowing almost impossible. Bellad. ineffectual. Muriat. acid. 2, and externally the diluted acid. Improvement on the fifth day; the diphtheritis removed on the ninth day; the scarlatina in the stage of desquamation (Hirsch., *Ztschr. f. hom. Klin.*, 16, 101; Pernerl).

168. Of eight other cases, the mild ones were treated internally with Mur. acid. 1; the severe ones internally and externally; also warm, wet compresses. In all cases improvement begun after twelve hours; at the latest after twenty-four hours. The violent fever subsided; a general, alleviating perspiration appeared; sleep; the violent, congestive headache in the forehead diminished; the submaxillary glands became less painful; the swallowing better; the thirst lessened; appetite; the exudate disappeared at the latest in four days. Only in one case, a strong man of 40 years, the disease lasted almost fourteen days (*Ibidem*, Pernerl).

He used Mur. acid., because he once, when an allopathist, cured with it quickly a stomatitis with very similar symptoms. In another case Mur. acid. 1, internally and externally, proved ineffectual, and it was given alternately with Chin. ars. 3 (*Ibidem*, p. 131; Pernerl).

Résumé.

Three physicians speak discouragingly of the use of Mur. acid. in diphtheritis; only one physician used it in several cases; this was in 1867. Since then we do not find this drug mentioned in our literature.

Pemerl used the acid so strong externally that it had a local effect upon the fungous growth; whether it had, at the same time, a dynamical influence is difficult to tell. We may call No. 166 a fair cure, while No. 167 is not at all convincing.

The provings of the drug show no more similarity to diphtheritis than a hundred other remedies. We cannot find but one or two of the prominent symptoms, mentioned in Nos. 166 and 167, among the symptoms of Mur. acid. in Jahr's German *Symptomen Codex*, and should never think of selecting this drug for such a group of symptoms.

XLV. NATRUM MURIATICUM.

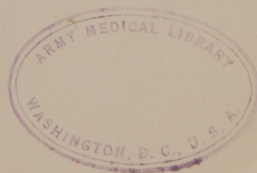
169. Swelling of the submaxillary glands and lymphatics; map tongue; burning in the throat; after application of caustics, especially Nitrate of Silver. (In different regions of Pennsylvania, a weak solution of table salt was used during the last epidemic as a gargle with great success) (Raue's *Therap.*, 120).

XLVI. NITRI ACIDUM.

170. The local symptoms of Nitri acid. resemble those of diphtheritis much more than those of Muriat. acid., and we see no reason why the latter has been preferred (Bæhr's *Therap.*, 1, 330).

171. Ulcers in the mouth; corroding discharge from the nose; intermitting pulse (Raue's *Therap.*, 120).

172. Nitr. acid. 2 or 3, three to four drops to half a glass of water, one spoonful every one or two hours, was of benefit, especially in those cases where yellowish-white or grayish spots showed themselves frequently to a great extent in the fauces, and occasionally on the inside of the cheeks. Often these spots became confluent, and formed a dirty, pearl-colored, dull-looking, pseudo-



membranous coating of the mucous membrane. Swallowing very difficult. If the exudate spreads to the larynx the respiration is difficult, and voice and cough hoarse; great thirst; the lips mostly pale, occasionally a little bloated. Frequently tough mucus flows from the corner of the mouth. This drug should receive particular attention, when children are attacked whose parents are syphilitic, or have taken much allopathic medicine (Hirsch., *Ztschr. f. h. Klinik*, 17, 52; Hirsch).

173. Nitr. acid. is suitable only in *sporadic* cases of diphtheritis when the following symptoms are present: the mucous membrane is covered with a thin, opaque, milky-white coat, as if it had been cauterized with nitrate of silver. The continuity of this exudate distinguishes it from that of the epidemic diphtheritis. The swallowing is very difficult and painful. In such cases Nitr. acid. removed quickly the local symptoms, after which one could get better at the severe affections of other organs, caused frequently by the overdosing with Calomel (Hirsch., *Ztschr. f. h. Klin.* 17, 162, and *Allg. h. Ztg.*, 79, 47; Villers).

174. In Weimar and neighborhood, a form of diphtheritis is not uncommon where there are *superficial* round ulcers. After the creamlike exudate has disappeared one sees a thin, hoop-like ring, which is the edge of the diphtheritic ulcer; the surface of the latter has also a different color from the surrounding membrane. This kind of ulcer is very characteristic for Nitr. acid. 3 to 6, but where the ulceration is deep, Hep., Merc. sol., and other preparations of Mercur. are indicated (*Allg. h. Ztg.*, 85, 84; Goullon, Jr.).

175. Nitr. acid. was of use only in the 1st and 2d dil. (*Allg. h. Ztg.*, 89, 44; Lorbacher).

176. A scrofulous, chlorotic girl of 12 years. Bell., Mercur. 6. The patient grows steadily worse. On the third day: The last night a bad one; great uneasiness and violent fever; fauces red and swollen; excessive salivation; swallowing exceedingly painful; fœtor oris. Nitr. acid. 3, four dr. to one ounce and a half of water, one dose every half hour, improved already by the middle of the afternoon; the next night good sleep; quick recovery (*Allg. h. Ztg.*, 74, 195; Goullon, Jr.).

177. A boy of 10 years, frequently subject to bleeding of the nose. The diphtheritis began with epistaxis. Apis ineffectual.

Apis in alternation with Kreos. 3, externally diluted alcohol, removed the fœtor oris, and improved the general condition within five days, but the exudate spread still more. Nitr. acid. 2, internally, and 1st dil., externally, improved in twenty-four hours; after forty-eight hours the whole exudate came off at once, and left a deep sore; loss of a portion of the velum palatinum. Appetite and strength better. Partial paralysis of velum palatinum and nervus opticus. The former difficult hearing much better (*Allg. h. Ztg.*, 78, 82; Sybel).

178. A 4-year old sister of a brother, violently sick with diphtheritis, received Apis as a prophylacticum in alternation with Acon. on account of fever; notwithstanding this treatment diphtheritis three days later. Nitr. acid. 2 internally, 1st dil. externally. Although the disease was not severe, yet it required from eight to fourteen days to remove the exudate (*Allg. h. Ztg.*, 78, 83; Sybel).

179. Female, just recovered from a very severe influenza of six weeks' duration. After a violent chill, sore throat; severe, pressing headache; great dulness, sleeplessness, general feeling of sickness; pain when swallowing; dryness in the throat; exudate; pulse 115. Scarcely twenty-four hours after the commencement of the disease violent attacks of dyspnœa and suffocation, during which blood and pus is thrown out. Despondency; pulse too slow and weak. Nitr. acid. 6, every two hours; four days later, removal of the local symptoms; appetite (*Hirsch., Ztschr. f. h. Klin.*, 24, 84; Goullon, Jr.).

180. Two girls. Ac. 2, Bell. 2, Merc. sol. 5, Merc. sol. 3, ineffectual. On the sixth day, the exudate very extended, dirty, discolored; excessive fœtor oris, profuse salivation, swollen submaxillary glands; drinks run out of the nose; bad nights; great despondency. Nitr. acid. 2, 6 drops to half glass of water, one spoonful every two hours. During the next twenty-four hours the disease neither better nor worse. The same prescription continued; the same medicine and preparation also externally as a gargle, every two hours. Decided improvement the next morning. Two days later the disease removed (*Internat. hom. Presse*, 5, 19; Billig).

Résumé.

Little harmony is between the general remarks 171 to 174.

Nitr. acid. is recommended by Villers (173) against *sporadic* diphtheritis, where the mucous membrane has the appearance of having been cauterized with Arg. nitr.; by Goullon (174) against *superficial* round ulcers; by Hirsch (172), and Villers (173), after syphilis or overdosing with Quicksilver, either in the patient or his parents.

The most prominent symptoms for which Nitr. acid. has been used are the following: *swallowing very difficult and exceedingly painful*; excessive salivation; fauces and glands swollen; fœtor oris; great uneasiness; violent fever.

No. 177 proves that the drug is also beneficial where the local affection is deepseated.

XLVII. PHOSPHORUS.

181. Phosphorus deserves consideration in the treatment of diphtheritis, especially where the adynamic character shows itself early, the strength fails rapidly, and paralysis of the heart threatens (Hirsch., *Ztschr. f. h. Klin.*, 13, 142; Trinks).

XLVIII. PHYTOLACCA DECANDRA AND OCTANDRA.

182. Dr. Burt says he has succeeded with Phytol. decand. in thirty-two out of thirty-four cases of diphtheria treated (Hale's *New Rem.*, second edit., 782).

183. *Phytol. octandra*, growing in great abundance all around this city (Sidney, Australia), but not indigenous. This is a most valuable plant, used either internally or externally. It is specific in diphtheria, given in decoction or infusion, applied very assiduously to the fauces as a gargle and used hot, and frequently repeated as a poultice to the throat; all stiffness disappears; the membranaceous formation is thrown off, and is not reproduced; perspiration follows; fever subsides; all aching, general pains, and headache disappear, and the patient eagerly seeks for food (*Ibidem*, 783, and *British Hom. Rev.*, 1865; Sherwin).

184. Miss B., æt. 20. Had a severe chill at night, with great pain in back of head, back, and limbs, followed with fever and

sore throat. Two days later, found her suffering very much, with great headache; worse in the back part; back and limbs aching fearfully; both tonsils very much swollen, and covered with a grayish pseudo-membrane; tongue very red at the tip, coated white; great prostration; cannot stand; if she rises up in bed, she immediately faints away; prognosis unfavorable. Phytol. decand., 4 dr. every hour, and a gargle of the same between. Morning, decided change for the better. Continued the same treatment for three days, when the false membrane came off, and the fifth day discharged her cured. The fever abated remarkable quickly (*Ibidem*, 779; Burt).

185. Mrs. B., æt. 31. November 16th, throat commenced to feel sore in the morning, followed by high fever all day; right tonsil very much swollen. At noon commenced to see white substance forming on the tonsil. I was called at 10 P.M., found the right tonsil covered completely with a white pseudo-membrane; fauces and soft palate very much inflamed; deglutition almost impossible; loss of appetite; great frontal headache; bowels moved every two hours, with severe pain in the umbilical region; great prostration; vertigo is so great that she cannot walk; pulse 127, soft. Phytol. decand., 4 dr. every hour, and a gargle of the same every hour, consisting of 50 dr. in a tumbler of water. 18th. Very much better, pulse 100; throat does not feel near as sore; false membrane beginning to come off; back and limbs ache but slightly; headache nearly gone; continued the same treatment three days; discharged her cured; the diarrhœa stopped the second day (*Ibidem*).

186. Miss H., æt. 25. December 3d, had a severe chill in the night, followed by high fever and sore throat. Acon. and Bell., all day; but continued to get worse. Midnight, I discovered patches of pseudo-membrane on the tonsils; she complained most bitterly of the back of her head and neck; back and limbs aching; pulse 120; bowels costive; loss of appetite. Phytol., 3 dr. every hour, with a gargle of the same between. 4th, noon. Feeling better; continued the same treatment. 5th. No fever; feeling quite well, but thinks her throat is more sore; both tonsils are swollen, and covered in patches with false membrane; continued the same treatment—giving 6 drops at a dose. 6th. Feeling a

great deal better; pseudo-membrane is off from the tonsils; continued same remedy every two hours for two days, when I discharged her cured. (*Ibidem.*)

187. Snyder, æt. 39. November 10th. Throat commenced to feel sore, with severe headache; back and limbs aching severely. 11th. Throat very sore; both tonsils covered with grayish pseudo-membrane, soft and swollen; palate and fauces violently inflamed; deglutition impossible; severe frontal headache; back and limbs aching severely; high fever; pulse 128; delirious at times; bowels costive; has not slept through the night. Fat salt pork around the neck, beef tea every two hours, and Phytol. every half hour, 4 drops at a dose, with a gargle of the same. 12th. Decided change for the better; pulse 98; head, back, and limbs do not ache as hard as they did yesterday; throat feeling very sore, but the false membrane does not seem to be spreading. Phytol., every hour. 13th. Feeling much better; pseudo-membrane commencing to fall off, leaving great holes in the tonsils that bleed a little; continued the same treatment. 14th. Pseudo-membrane all off; tonsils very much swollen, very red and ragged; continued Phytol., for three days every two hours, when I discharged him cured. I have given Phytol. in two cases of children and two in adults, where the pseudo-membrane was well formed (but there was not so much fever), with the same gratifying result. (*Ibidem.*)

188. Man, æt. 26. January 4th, 10 P.M. Slight pain in the left tonsil when swallowing; rested well till 2 A.M.; awoke with severe frontal headache; back and legs aching very hard, with high fever and sore throat; could not sleep any more. 8 A.M.: Pulse 120, very soft; head, back, and legs aching violently; throat very sore; left tonsil very much swollen, and covered with a grayish false membrane; right tonsil has patches of the pseudo-membrane on it; deglutition is almost impossible; great prostration; can stand up only a few moments at a time, it makes him so faint and dizzy. Phytol., 4 doses every hour, with a gargle of the same, consisting of 50 drops in a tumbler of water. 5th. Feeling very much better; fever nearly gone; head, back, and legs do not ache half as much as they did yesterday; pulse 100; throat is feeling very sore; left tonsil is very much swollen and still covered with the pseudo-membrane; the right one looks

very red, with small patches of membrane on it; deglutition almost impossible; continued treatment. 6th. Feeling much better; pseudo-membrane is off from both tonsils; they look very red, and the left is still swollen; no fever; slight appetite; continued treatment. 7th. Feeling quite well, but throat pains when swallowing; discharged cured. (*Ibidem*, 780.)

189. Mrs. G., æt. 21, nursing a babe. January 11th. Throat commenced to feel sore; had a very restless night. 12th. Slight headache, with a severe pain in back and legs; very chilly all the time; throat very sore; both tonsils very much swollen, and covered in patches with a dark-colored pseudo-membrane; deglutition very difficult; face very much flushed; great prostration; cannot sit up any, she is so faint and weak. Phytol., 4 drops every half hour, with a gargle of the same. 13th. Feeling very much better; back and legs do not ache any; throat is feeling very sore; tonsils very red and swollen, and covered in patches with the pseudo-membrane; deglutition is very painful. Continued same treatment once an hour. 14th. Feeling quite well; pseudo-membrane is off from both tonsils; there are large holes eaten into the tonsils; can swallow quite well; discharged her cured the next day. She nursed the babe all the while, but it did not take the disease. (*Ibidem*, 781.)

190. Miss K., æt. 9. December 12th. For the last two days has had a fever, with chills all the while; throat has been very sore, and is getting worse all the time; head, back, and legs are aching constantly; pulse 130; very weak and soft; soft palate and tonsils are violently inflamed and swollen; both tonsils are covered with grayish pseudo-membrane; cannot swallow anything; very weak; cannot sit up; has not eaten anything for two days; will not take any nourishment. Phytol., 2 drops every hour. Morning. Feeling a little better; pseudo-membrane about the same; continued treatment. Morning. Feeling quite well; false membrane is all off, but the throat is feeling very sore; discharged cured the next day. (*Ibidem*.)

191. Henry, æt. 4. For two days has had a little fever and sore throat; feels cold all the time; refuses to take food; both tonsils twice as large as they ought to be, and covered in patches with a whitish false membrane; pulse 118, very weak; he lies on

the lounge all the time. Phytol., 10 drops in a half tumbler of water. Cured in two days. (*Ibidem*.)

192. A young lad was taken with diphtheria, and treated by an old-school physician, and died. His sister, 28 years of age, was taken with it three days after, and treated by an eclectic, and died the fourth day. A young lady, who waited on them, was taken down with it four days after the death of the sister. Found her with a very sore throat, and the tonsils and soft palate covered with the false membrane, of a greenish color; both tonsils were twice as large as they ought to be; neck was very stiff; pulse 128; she was very much frightened, was sure she would die; hands and limbs trembled constantly. I tried to quiet her, and gave her Bellad. and Iod. of Merc. every hour in alternation. Morning. Found her very much worse; fever the same, and still trembling. I gave one dose of Acon., and then a gargle of a tincture from the green root of Phytol. every half hour, and gave internally about 6 drops of the same every hour. Remained with her through the day and all night. Morning. She was not so nervous, and the disease had not made any progress; continued the same treatment. Next day about the same; continued same treatment, but made it a little stronger. Morning. Decidedly better; the pseudo-membrane looks as if it would soon drop off; continued the same treatment. Morning. Feeling quite free from fever, and about a quarter of the membrane has come off; she has a fine, scarlet eruption all over the body and limbs, but more on the legs than on the body; urine is albuminous; continued the same treatment every two hours. Morning. The right tonsil is free from the membrane, but looks very raw, and burns a good deal; continued the same. Next morning, false membrane all gone; swelling has disappeared, excepting the left tonsil. Continued Phytol.; the case cured in a few days. (*Ibidem*, 782.)

193. The patient, in the room with a scarlatina patient, was taken sick. High fever, headache, etc.; not complaining of throat for two days, when the child's mother told me she complained of her throat; both sides covered with the membrane, with rash on the body. Stopped Acon. and Bell., and gave Phytol. decand. (tincture from root), 15 dr. in one-third glass of water, two teaspoonfuls at a dose every hour; with a gargle of the same, 3 dr.

to a glass of water. It was the quickest cure of the disease I ever made. (*Ibidem*; G. F. Foster.)

194. Miss A. Tonsils very much swollen, covered wholly by the false membrane; she was panting for breath; eyes staring, and her condition dangerous and distressing. Phytol. decand., 4 dr. of tincture of the root, every hour. Next morning, found her much better, and in a few days she was convalescent. Several cases occurred in the same neighborhood, and were all cured by Phytol. (*Ibidem*, 783; J. Doy.) Boyce, Stearns, and others, used Phytol. also successfully. (*Ibidem*.)

195. Great headache; violent aching in the back and limbs; great prostration; cannot stand; when rising up in bed, gets faint and dizzy (Raue's *Therap.*, 120).

196. Phytolac. decand. is suitable when the following symptoms are present: Fever, pulse 120 to 130; general and quick prostration; nervous symptoms with subsequent paralysis; vomiting; dyspnœa; headache; enlarged glands, and especially a false membrane on the tonsils and in the fauces; the exudate is very tough and dirty brown. Palmer considers it a great remedy, where the exudate in the fauces comes off hard. According to Boyce, many cases, which were treated with Phytol. dec., distinguished themselves by a strongly marked adynamic condition, and in many cases a partial paralysis remained. 40 dr. of the tincture to one pint of water makes a good gargle. (*Allg. hom. Ztg.*, 84, 134.)

197. Hughes asserts on the strength of forty-seven cases, treated in the course of ten years, that Phytol. dec. is incapable to subdue the malignant form of diphtheritis, but that it is specific where there is violent fever, pains in the head and back (*Allg. h. Ztg.*, 84, 152).

198. A. E. Small had opportunity to observe the effect of Phytol. dec. in a number of cases, and obtained always good results where there was chilliness during the evening and night, and dryness and soreness in the throat during the morning. In several cases, where the evening chill was followed by soreness in the throat the next morning, he found a bluish-red exudate on the tonsils and fauces, difficult swallowing, and very great sensitiveness of the tonsils, with considerable fever. Phytol. dec. 3 cured

almost always. He says further: When my patients complain of a choking sensation in the throat, caused by the swelling of the tonsils and soft palate, and the soft palate looks fiery-red, I am on my guard, and give Phytol. dec. 3, usually with success. I also give this drug when the patient complains of rawness in the throat, and the neck is so sensitive that he cannot bear the least touch of solid food, and gets almost frantic with pain when swallowing liquids (*U. S. Med. and Surg. Journ.*, vol. 7, 26, and *Internat. h. Presse*, 3, 405).

199. Phytol. dec. cured a sore throat with tonsils swollen and covered with grayish patches; dizziness; backache (*Hom. Monthly*, March, 1874, p. 358, and *Raue's Record*, 6, 87).

Résumé.

The most important symptoms of the above cases and remarks are the following: *Chills usher in the disease*, appearing irregularly the first days; *violent pain in the front or back part of the head, in the back and limbs*; *great prostration*, with fainting or vertigo when rising, preventing the patient from sitting up; loss of appetite; *high fever*; *delirium*; *tonsils, soft palate, and fauces highly inflamed, very much swollen, sore, and sensitive*; *deglutition almost impossible*; choking sensation; dyspnœa; the exudate mostly of a grayish color.

Besides the abovementioned throat symptoms the following are the most frequent among the pathogenetic symptoms of Phytol.: Sensation, as if from a lump in the throat; fulness in the throat; roughness and rawness in the pharynx; dryness in the fauces; disposition to hawk up mucus.

In case 192 a scarlet eruption appeared, and in case 193 a rash.

Hughes (197) considers the drug insufficient in the malignant form.

The doses were from 2 to 6 drops of the tincture in frequent repetition; a preparation of the same strength was used also for a gargle. At times the tincture from the green root was used. If a certain dose did not have an effect it was increased in strength and frequency.

XLIX. PLUMBUM.

200. Schuessler considers the gangrene of the exudate and mucous membrane of the throat the principal and characteristic symptom of diphtheritis, and for this reason Plumb. 4-30 for a specific against it. He has cured many cases with it (*Allg. h. Ztg.*, 78, 62).

201. I have the best success with Plumb. jod. 9-12 (*Allg. h. Ztg.*, 80, 91; Schuessler). Since I use Plumb. jod. I have not lost a single patient, although I have treated several hundred (*Ibidem*, page 145).

L. RHUS TOXICODENDRON.

202. When the child is restless, wants to be carried about, wakes up every now and then complaining of pain in the throat; when a bloody saliva runs out of the mouth during sleep; when the parotid glands are a good deal swollen; when there are transparent, jelly-like discharges from the bowels at stool or afterwards (*Raue's Therap.*, 119).

LI. SALICYL. ACIDUM.

203. Dr. Hanon in Uckermuende has used internally Salicyl. acid. for the last months, and obtained astonishing results. He gives an adult Salic. ac. 0.5 to 150.00 colatur (in a solution of Natr. phosph. 5.0:150.0, in order to dissolve it more readily), every hour 1 spoonful; for children a weaker solution. A girl of seven years. Diphtheritis commenced four days ago; very violent fever; the entire fauces covered with white exudate; Salicyl. acid.; the next night sleep; removal of almost the whole exudate and of the fever in eighteen hours; cured in two days. Woman of thirty-eight years, man of twenty-one years, three girls of eight, ten, and twelve years—diphtheritis. After the third or fourth dose of Salic. ac. the exudate came off so fast that it was thrown out with violent retching. With the disappearance of the exudate the fever subsided, and after twelve hours convalescence commenced (*Allg. Med. Central Ztg.*, 22d May, 1875, and *Allg. h. Ztg.*, 91, 125; *Boston Journ. of Chem.*, 10, 46).

204. Wagner has treated internally and externally fifteen cases, some of them very severe, with Salic. acid., and not lost one case. Light cases were cured in three to five days, and severe ones, where the local and general symptoms allowed but an unfavorable prognosis, required only about eight days to have all signs of the disease removed. In two cases hoarseness and barking cough (affection of the larynx) were present, still they were cured. It made no difference, regarding the course of the disease, whether he used a gargle or not. Children who could not gargle took every two hours Sal. ac. 0.15–0.3 in water or wine; larger children used at the same time a gargle every hour (Salic. ac. 1.5; solve in Spirit. vin. 15.0; Aq. dest. 150.0). If crystals should form, warm the solution (Hirsch., *Ztschr. f. h. Klin.*, 24, 143).

205. Fronthelm reports thirty-one cases treated with Salic. ac.; the severest were cured in eight days, the milder ones in two, three, and four days. There occurred no cases of diphtheritic inflammation of the kidneys, nor were there any cases of paralysis of the palate. He used Salic. acid., 2 gram. to 200 gram. water, and a sufficient quantity of alcohol, externally and internally, every three hours (*Boston Journ. of Chem.*, 10, 46).

Résumé.

The above reports come from allopathic quarters, and it is singular that no homœopathic physician has published any of his experience with this remedy. As Salic. ac., on account of its similarity of operation, takes the place of Carbol. ac. in so many respects, it could be no false supposition that it would be also useful in the treatment of diphtheritis. Although we have no proving of this drug, the above results are so satisfactory that we are justified in using it, at least where Carb. ac. fails. We hope some one will soon publish a proving of this acid, so that we may know just when to select it.

LII. SANGUINARIA CANADENSIS.

206. Boy of five years. Found him with a hoarse, muffled cough; complete aphonia; pulse 132; soft palate and fauces covered with a continuous coating of pearly fibrinous exudation; on

auscultating the larynx the characteristic hissing sound was heard. The difficulty of breathing very great; the child stretched back his head and grasped his throat in his agony, while the dark and swollen features added to the gloom of the prognosis. Sanguin., an acetous preparation, made by steeping 1 gr. of Sanguin. in 2 ounces of vinegar. In fifteen hours the symptoms had undergone a notable modification, and in forty-eight hours the patient was out of danger. No other remedy was used, except an occasional dose of triturated Aconitum (Hale's *New Rem.*, 2d edit., 926).

LIII. SULPHUR.

207. Sulphur possesses an astonishingly quick and sure influence in diphtheritis (*Allg. h. Ztg.*, 80, 89; Lutz). The membranes become soft and come off without loss of substance, the inflammation subsides, the swelling of the glands lessens, the fever disappears, appetite and sleep return. Among the fungus-destroying substances Sulphur, used locally, is the surest, quickest, and most pleasant (*Ibidem*). The flour of Sulphur may be blown on the diseased part, or applied with a small brush, and at the same time the flour of Sulphur may be taken internally, or an emulsion used as a gargle. The main object is to bring continually the affected part in contact with Sulphur as much as possible, till the exudate has entirely disappeared (*Ibidem*, page 90; Lutz). Payr asserts that it is necessary to blow in the Sulphur but three times; besides this he gives against the fever Chininum, 8 gr., to 4 ounces of water, one spoonful every two hours, afterwards Chininum, 2d trit. Since he has adopted this treatment he has had better results than with all other remedies.

208. *Large, yellowish deposit all around the posterior wall of the pharynx*, all posterior to the uvula and isthmus faucium (Raue's *Record*, 2, 73).

209. The whole back part of the throat, posterior to the palatine arch, appears to be in a condition of ulceration and sloughing; very quick pulse; flashes of heat; frequent sinking spells (Guernsey's *Obstet.*, 947).

Résumé.

In No. 207 only the fungus-destroying property of Sulph. is taken into account; in Nos. 208 and 209 the remedy is recommended, when the seat of the disease is principally on the posterior wall of the pharynx.

Symptoms which indicate Sulph. are particularly the following: The pain and soreness may be quite severe and even extend into the ear; pain as if from a lump in the throat; empty swallowing more painful than even that of liquids; the inflamed parts not bright-red, but purple; dryness in the throat. Especially in cases which have a slow, sluggish course. Where the indicated medicine does not have the desired effect, interpose a few doses of Sulphur.

LIV. SULPHURIS ACIDUM.

210. The following pathogenetic symptoms point to Sulph. acid; apathy; white color of the softened and swollen mucous membrane of the mouth and fauces; pulse 108; softening and swelling of the mucous membrane of the palate and pharynx, with *white spots, which cannot be removed*; difficult swallowing; over the entire cavity of the mouth a thick, white coating. After six weeks a large, painful swelling of the left parotis. Excessive paleness. Weakness, languor; severe sopor (Hirsch., *Ztschr. f. h. Klin.*, 14, 156; C. Wesselhœft).

211. The symptoms of Sulph. acid. have not much similarity with those of a severe diphtheritic process, if we, as a matter of course, except the corroding, destroying effect of the undiluted acid. But this drug has a great relation to the aphthæ of little children. Likewise we do not perceive that Sulph. acid. affects deeply the mucous membrane of the larynx, but we observe, especially in little children, that a light diphtheritic process of the mouth spreads to the larynx, and produces thereby a very dangerous condition, which we have several times quickly removed with Sulph. acid. 3 (Hirsch., *Ztschr. f. h. Klin.*, 17, 52; Hirsch).

212. In South Australia, Sulph. ac., 4 dr. to three-fourths glass of water, as a gargle, is used as a quick and sure remedy against diphtheritis (*Allg. h. Ztg.*, 90, 120).

213. Girl of 2 years. On the bright-red, swollen tonsils, a white coating soon appeared, which changed after a few days into a thick, grayish, or yellowish-white substance, which was observed also on the hard palate and the inside of the cheeks. When pressing the tongue down, a quantity of this exudate was squeezed out of the fauces. It feels like paste, and is so tenacious, that it can scarcely be crushed between the fingers. Very difficult swallowing; all liquids run out of the nose. No appetite. Apathy, somnolency; the child whines when being lifted. Pulse frequent, small. Excessive foetor oris. Bell. 6, Laches. 30, Merc. sol. 30, Ap. 30; each for two days, the patient growing worse all the while. Sulph. acid. 6; every two or three hours; decided improvement in twenty-four hours, and after forty-eight hours only a vestige of the exudate; recovery three days later (Hirsch., *Ztschr. f. h. Klin.*, 14, 142; C. Wesselhoeft).

214. Girl of 3 years. Inflammation of the throat, Bell.; patient worse. On the fourth day teeth, lips, and inside of cheeks covered with a thick, yellow, membranous substance, which can be removed only with the greatest difficulty, and is very sticky. The tonsils cannot be seen. Speech thick, indistinct; swallowing almost impossible; frequent loose cough; both parotid glands swollen, and very hard; great apathy; sopor, Ap., 10; every three hours; worse the next day. Very fetid breath; pulse frequent, and weak; breathing difficult on account of the accumulation of exudate. Sulph. ac. 6, every three hours; distinct improvement in twenty-four hours; in forty-eight hours no foetor oris, and only a little exudate; recovery soon (Hirsch., *Ztschr. f. h. Klin.*, 14, 149; C. Wesselhoeft).

215. A woman. Very violent inflammation of the tonsils with great difficulty in swallowing; very difficult speaking; very obstructed breathing; violent fever; intense redness of the fauces; left tonsil as large as a walnut, and covered with a streak of gray exudate of 3 cm. length, and 1 cm. breadth. Fetid breath; violent salivation. Acon. 3, every hour, and every hour gargling with Sulph. ac., 4 dr. to 6 ounces of water. The next morning, exudate, foetor oris, salivation, and violent inflammation removed. In the place of the exudate a small ulcer with clean edge and surface (*Allg. h. Ztg.*, 90, 181; Kafka). (Although

two remedies have been used simultaneously, still we have reported the case, because we do not think that Acon. had any influence on the disease.)

Résumé.

Wesselhœft (210) and Hirsch (211), disagree widely regarding the use of this drug in diphtheritis.

The three cases are very similar, having in common most of the following symptoms: throat inflamed; tonsils bright-red, swollen; exudate thick, grayish, or yellowish-white, sticky, tenacious; swallowing very difficult, liquids run out of the nose; swallowing almost impossible; breathing difficult on account of the accumulation of the exudate in the fauces; obstructed breathing; speech thick, indistinct, very difficult; violent salivation; excessive fœtor oris; pulse frequent, small, weak; apathy; somnolency. Excessive paleness, weakness, and languor (210).

This remedy should receive more attention.

LV. TARTARUS EMETICUS.

216. Difficult breathing; gasping for air; rattling in the chest; retching; vomiting of tenacious mucus; small circular patches, like small-pox pustules; in and upon the mouth and tongue; œdema of the lungs (Raue's *Therap.*, 120).

LVI. THUJA OCCIDENTALIS.

217. Ortleb has used Thuj. with very good success in diphtheritis (*Allg. h. Ztg.*, 91, 125).

General Résumé.

In order to overlook the therapeutical material more readily, we have attempted to classify the drugs, and added a few therapeutical hints to each remedy of the first two classes. For fuller indications see *Résumé* at the end of each remedy.

1. AS ADJUVANT *alcohol*, either as gargle or spray.
2. CHIEF REMEDIES:

Apis.—Severe inflammation of throat and fever.

Carbolic acid.—No high local inflammation; no severe pain; the fever, if any, adynamic; much exudate.

Kal. bichrom.—Deepseated affection and ulceration of mucous membrane; bloody discharge.

Laches.—Subjective symptoms, especially those of throat, much severer than objective; left side worse; great prostration even before exudation.

Mercur. hydrocyan.—According to Villers in *all* cases of epidemic diphtheritis; indications wanting.

Nitric acid.—After syphilis, or overdosing with Mercury; swallowing very difficult and exceedingly painful; excessive salivation.

Phytolac. decan.—Chilly; violent pain in the head, back, and limbs; great prostration, with fainting or vertigo; high fever; severe inflammation of throat.

Salicyl. acid.—Indications wanting; probably similar to Carbol. acid.

Sulph. acid.—Accumulation of sticky, tenacious exudate in the fauces; salivation; apathy; sopor.

3. REMEDIES SECOND IN IMPORTANCE: *Arsen.* (later stage, collapse); *Bellad.* (much the same symptoms as *Apis*); *Camphor* (prostration, collapse); *Chin.* (during convalescence); *Lycop.* (worse on right side, stoppage of nose); *Sulph.* (affection of the posterior wall of the pharynx; purple color of the affected mucous membrane; slow, sluggish course).

4. REMEDIES NOT MUCH USED, OR HAVING RECEIVED ONLY A PASSING NOTICE; some of them may never be used again; some may yet become more important: *Alum.* (externally), *Ammon. carb.*, *Arsen. jod.*, *Arsen. brom.*, *Arum triph.*, *Bapt. tinct.*, *Bryon.*, *Calc. chlor.*, *Canth.*, *Capsic.*, *Chlorum*, *Chrom. acid.*, *Con.*, *Croton*, *Ferri sesquichl.*, *Gelsem.*, *Hydrast.*, *Kal. chloric.*, *Kal. hydrobrom.*, *Kal. hydrojod.*, *Kal. permang.*, *Kaolin*, *Kreos.*, *Lachnan.*, *Merc. bijod. rub.*, *Merc. jod. flav.*, *Merc. bromat.*, *Merc. solub.*, *Merc. sublim. corr.*, *Muriat. acid.*, *Natr. mur.*, *Phosph.*, *Plumb.*, *Rhus tox.*, *Sanguin.*, *Tart. em.*, *Thuj.*

5. REMEDIES USED OR RECOMMENDED AGAINST DIPHTHERITIS OF THE LARYNX: *Brom.*, *Carbol. acid.*, *Kal. bichrom.*, *Merc. jod. flav.*, *Merc. hydrocyan.*, *Nitr. acid.*, *Salic. acid.*, *Sanguin.*

6. DOUBTFUL REMEDIES: *Brom.*, *Chin. ars.*, *Chlor.*, *Iod.*

After this general abstract of the remedies, we must speak of several other points.

1. *The INTERNAL treatment.*—Although diphtheritis appears as varied as many other diseases, yet most physicians have entirely neglected to individualize. Many have chosen some *one* particular remedy, administered it in *all* cases without distinction, and justified themselves by their success. If their success has been so satisfactory with *one* remedy for *all* cases, it would have been much better still, if they had individualized and used *various* medicines, just as they would have done in the treatment of any other disease. Nature nor homœopathy has made an exception in diphtheritis. The evil effects of this one-remedy doctoring is seen in the quality of our Therapeia on diphtheritis, which is very inferior to that of any other disease in the whole homœopathic literature. The *general remarks** are often nothing but sweeping assertions, how this or that drug cured *all* cases. Frequently is added, with the greatest *naïveté*, that, notwithstanding in some instances the administration of this one remedy had to be persisted in *for several days* before any improvement was perceived. Now we say, that just these cases should have been treated with some *other* medicine, because if a remedy is the right one *it acts at once, and the recovery is quick*. The majority of the *clinical cases* are insufficiently and incompletely described and the cures not convincing. We do not wish to be misunderstood; we do not demand perfection; but when we see so generally not the least inclination to individualize and read so many worthless clinical cases it is time to reprove. The *modus operandi* and results of a physician in his practice is one thing, and his publications another: with the first we wish to be as lenient as possible; with the other we reserve the right to exercise a severe but just criticism. If physicians had individualized in their practice, and published only *such* cases wherein the influence of the medicine was *quick and unquestionable*,† our Therapeia on

* By general remark, in contrast to clinical case, we understand the indications for the selection of a remedy, such as we find in works on therapeutics.

† We cannot express too strongly our opinion on this point. We are not satisfied with cases where the operation of a drug is only probable, or nearly so. There can be no other reason for publishing a clinical case otherwise than to show the effect of a medicine; and the writer should bear in mind that the reader does not see the case. Therefore its history should be given as completely as possible, the language concise and clear, symptoms well arranged, and, above all, the effect of the medicine so decided that there can be no shadow

diphtheritis would have a much higher standing and be of more practical use. Hand-in-hand with the lack of individualizing is the almost universal practice of using *unusually low attenuations*, with a tendency of going still lower, if the previous seems insufficient. Both deviations from the usual method of *homœopathic* practice have been unmistakably caused by the presence of the fungous growth, which has been altogether too much of a bugbear to most physicians.

We consider a physician a *low* dilutionist, when he uses externally a low attenuation, though he may give internally a much higher dilution. No one will deny that absorption takes place during local application while the drug is in contact with the mucous membrane.

2. *The EXTERNAL treatment.*—Although it has been practically proved (see Nos. 130, 137, 138, 149, 150, 151, etc.) that external treatment is not an absolute necessity, yet most physicians have thus used various substances for the destruction of the fungi. Some have even made it the only object, others the main part of their treatment, and selected the remedy with sole regard to this effect. But as the *internal* treatment has *always* been *justly* considered in homœopathy the *most important* part in the treatment of *all* diseases, we see no reason why diphtheritis should be an exception. Alcohol destroys the fungi as quickly as any of the substances used for this purpose. But as its external use allows at the same time a strictly homœopathic treatment, it has the advantage over all other drugs (see *Résumé*, under Alcohol).

3. *The influence of the EXTERNAL treatment upon the INTERNAL disease.*—The destruction of the fungous growth has *indirectly* a favorable effect also on the general or internal disease, even if the drug has *no dynamical* effect. It certainly gives the system a better chance to recover by its own vitality than if it had to overcome also the local injury of the fungi. Many of the supposed cures are merely the result of this *chemical, local* action of the drug. If a physician wishes to know whether the improvement is due to

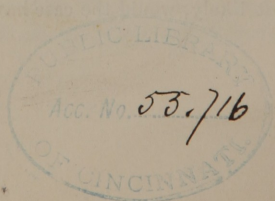
of a doubt. *Many* drugs may influence a case, but *only one* will cause a rapid and indisputable improvement or cure. Before estimating the effect of a medicine we should first ask, how soon, most likely, would the case have improved or recovered *without any* medicine.

the chemical or dynamical effect, let him use this same medicine above the 6 decim. dil., and he will see the difference. The mere swallowing of a very low (1 and 2 decim.) dilution or trituration, cannot help having also a local, chemical influence. There have been more recoveries, *not cures*, than many physicians have been aware of.

4. *The CHARACTER (severity) of diphtheritis.*—With the exception of cases in certain localities, and when it prevails as a *malignant* epidemic, we do not consider diphtheritis such a dangerous disease as it is frequently viewed; on the contrary, it is very manageable and accessible to treatment. We have seen much severer cases—sometimes formidable ones—during our ten years' practice in Concord, N. H., than we have during six and a half years in Plymouth, Mass., or three and a half years on Staten Island, N. Y. In either of the two latter places a *homœopathic* physician never need lose a patient, though he frequently may have quite a violent case. Similar differences are probably found between other localities, also between different epidemics, and this should be taken into account in estimating our success and the effect of our remedies. The unfavorable result of allopathic physicians should not mislead us to consider the disease *naturally* as severe and fatal as with them, since the more heroic the *external* treatment the worse the result; on account of this treatment their success is more unfortunate and murderous in this disease than in any other; it is *they* who *make* the disease severe and fatal.

5. *Diphtheritis of the LARYNX* has proved in the greater number of cases a fatal disease. Some physicians have not hesitated to say they never cured a case. No special indications have been given for the selection of the remedies.

6. The *DIET* should receive particular attention even after recovery, as improper food may cause death, especially with children. A child of 3 years, after complete recovery, was given two hard-boiled eggs for breakfast, against the strictest orders. I chanced, about an hour after, to be present, when it vomited them up; three hours later it was dead. I learned afterwards that it had been given other improper food the day before (see No. 9).



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